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ABSTRACT

Designed to be presented in a workshop format, by trainers, to an audience of caregivers of young children, these materials provide six modules for workshops in the areas of helping children grow emotionally and socially. Contents of the workshop modules focus on adult behavior and children's self-esteem, feelings and sexuality, activities for social and emotional growth, understanding children's behavior and dealing with aggressive and withdrawn behavior. Each workshop module also contains the materials the trainer needs to present the program. These include training objectives, factual materials, suggestions for presenting the materials, and resource articles. (Author/MP)

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Feeling Good

Helping Children Grow Emotionally and Socially

Edited by

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Modules for Training Caregivers of Young Children

City/University EPSDT Day Care Project

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This book is one in a series of three:

"Teacher, I Don't Feel Well": Meeting Children's Health Needs

"Feeling Good": Helping Children Grow Emotionally and Socially

"What Do We Do Today?": Planning a Developmental Curriculum

The Project also produced a Final Report, an Executive Summary, and a parent activity booklet: "Big Hands, Little Hands Together: A Collection of Activities for Parents with Preschoolers."

All materials are available through the University of Michigan, School of Education.

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PREFACE

The City/University EPSDT-Day Care Project was a three-year research and demonstration project funded by HEW to the Michigan Department of Social Services and carried out by the joint collaboration of the University of Michigan, School of Education, and the City of Ann Arbor.

The Project served a population of approximately 750 preschool children and their families through day care centers and family day care homes in Washtenaw County. It developed a comprehensive and interdisciplinary approach to early health assessment of the children, follow-through, and training and consultation for day care staffs on behalf of the children and their families.

The Project's innovative-approach used the Early and Periodic Screening, Diagnosis and Treatment model plus making available a separate developmental assessment on-site for each child in the day care setting. In addition, teams of a nurse, social worker, and educational consultants provided systematic consultation and training to the caregivers, based on mutually set goals with day care staffs.

This group of modules is a compilation of the workshops developed and delivered in the affective are. The modules were not development to offer comprehensive training in the social and emotional development of children, but rather to meet the concerns of the day care centers we served.

In the second year of the Project centers were offered a number of workshop choices in the social-emotional area. "Children's Sexuality" and "Dealing with Children's Feelings" were the options most frequently chosen. Therefore, these were the workshops the Project staff designed.

In the third year a more complete sequence was offered, and again our centers were free to choose the workshops they wished to have presented. The sequence began with a workshop examining caregiver's interactions with children, followed by a workshop on activities in the center that promote children's social and emotional growth. With these as a foundation, a center might be better able to use the workshop, "Understanding Children's Behavior," which deals specifically with problematic behavior. Our rationale in providing this sequence was that centers which provide a healthy emotional climate, both in the way caregivers relate to children and in the activities provided, will have less occasion to deal with children's problematic behavior.

The materials in this book are designed to be presented in a workshop format, by trainers, to an audience of caregivers of young children. The materials might also be appropriate for self-instruction, Child Development Associate Training, or courses at the high school, junior college or university level.

Each workshop includes everything a trainer needs to present the program: training objectives, factual material, suggestions for presenting the materials, and resource articles. The Project staff hopes you will find these modules useful in enriching your day care program.

ACKNOWLEDGEMENTS

We would like to thank Marcia Shafer and Laura Pershin of the Ann Arbor Public Library for their good natured help in obtaining books for workshops and their cooperation in the preparation of various book lists. We are appreciative of the time given us by the Consultation and Education Program of Washtenaw County Community Mental Health Center. Joan Blos of the University of Michigan, School of Education provided us with information and inspirational help in the area of children's literature. We wish to acknowledge the many publishers who allowed us copyright permission for resource articles used in the modules. We would also like to thank those who contributed to the production of this book: Virginia duRivage for layout and typing, Karen Lind for editorial assistance, and Nancy Lux for typing.

Special thanks go the staffs of the participating day care centers. Their ideas, encouragement and forbearance contributed much to the development of these modules.

We acknowledge the entire staff of the City/University EPSDT-Day Care Project for giving so freely of their talents and energies.

Encouraging Group Discussion

Every person should feel that her contribution to the group is important and that other members are interested in what she has to day. The leader of the group should be able to help members feel important and should encourage them to contribute ideas and suggestions that will be carefully listened to by other group members. This approach models for caregivers the kind of growth-enhancing emotional atmosphere we are striving for in the day care center. The following are suggestions for leaders who wish to encourage participation.

1. Attend carefully to everyone present. For specific suggestions on attending see the reprint from the Group Leadership Handbook entitled, "Attending."

2. Do not let one or two people dominate the discussion. For a detailed presentation on how to equalize participation see the Group Leadership Handbook reprint entitled, "Gatekeeping."

3. Ask open-ended questions to stimulate discussion. Use simple language. Ask only one question at a time, then wait for an answer, then listen. Avoid asking long, complicated questions.

4. Turn issues and questions back to the group rather than taking responsibility for answering them.

5. Illustrate points with personal experiences. This encourages others to relate material meaningful to their own experience.

6. Describe how you mishandled a situation; this frees others in the group to be imperfect.

7. Encourage caregivers to translate what the child might be feeling into their own experience, past or present (e.g., "How do you feel when you are ignored?").

8. When meeting with the same group more than once or twice, it is good to leave less time for discussion the first meeting and gradually to lengthen discussion time as the group can take more responsibility for the process.

9. Have a plan for closure. This can be a summary of what has happened and a preview of the next session. For an on-going group, the closing can be an evaluation of the session which lists the positives and the focus for change for the next meeting.

10. Be realistic in your expectations. Excellent discussion seldom occurs in one meeting. It takes time and experience working together.

Attending*

I. HOW DO YOU DESCRIBE ATTENDING?

Attending is letting a person know that you're paying attention to what he's saying or doing, so that he'll be encouraged to continue. It enables you to gain additional information and makes you more sensitive to and aware of the person.

II. WHEN DO YOU ATTEND?

When you want a person to continue talking or doing what he's doing so that you can gather more information, or simply build rapport with him.

III. HOW DO YOU ATTEND?

A. Relax physically, so that you're comfortable and the person you're Attending, won't feel pressured by you.

B. Look at the person you're Attending. In a group, look around at everyone from time to time.

C. Turn toward the person you're Attending, lean forward in your chair, nod, smile. Be encouraging.

D. Make sure he realizes you're listening. When he's made an important point, you can restate it for emphasis. Usually saying, "yes," or "right," or "I understand," or even just "uhuh," can reassure a person that you are following what he's saying.

E. When you're not sure you've understood what's been said, interrupt and restate what you think you heard. If the speaker appears to think you still haven't understood (e.g., shakes his head, disagrees, or tries to re-explain), ask him to say it again. When he does, let him know that this time you got it by telling him so.

F. In a group, don't pay to much attention to just one or two people and neglect the others. If you "over-Attend," a person may be flattered and contribute so much that he doesn't let anyone else talk. Or he may feel uncomfortable with too much attention and stop talking. Group members who are not being attended may either feel resentful, or they may be content to let someone else do all the talking.

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*"Attending" and "Gatekeeping" are reproduced from: Techniques of Group Leadership Handbook. Manpower Science Service Inc., 1972.

G. Some people focus to one side of the room more easily than to the other. If you do this, make sure you can scan the group often, so that you can have eye contact with every member.

IV. HOW DO YOU KNOW IF YOU'RE ATTENDING SUCCESSFULLY?

The person you're Attending continues talking or doing what you want to encourage. You feel that you're getting additional, useful information. Group members do not have to say or do things in an overly forceful or dramatic manner just to get your attention. They do not compete for attention. They seem confident that they are being understood so they don't have to say only the things they think you want to hear.

Gatekeeping

I. HOW DO YOU DESCRIBE GATEKEEPING?

Gatekeeping helps all members of the group to participate by limiting those members who monopolize the discussion and by encouraging low participators to talk more.

II. WHEN DO YOU GATEKEEP?

After about one-fourth of the meeting time, if you observe that:

-one or two members have dominated the conversation;
-some members have not participated at all;
-most comments are directed at you, with little interaction among members, so that you are speaking a great deal more than anyone else.

Then it's time to Gatekeep. As you get to know your group, you may find that certain people tend to participate in a predictable way. At that point, you may not want to wait until one-fourth of the meeting has gone by to Gatekeep. In other words, it may be necessary to intervene earlier before certain less-productive contribution patterns recur.

III. HOW DO YOU GATEKEEP?

When appropriate, a group leader should explain the importance of Gatekeeping as a way of fostering the group's development. Encourage each member to Gatekeep for himself and others, rather

than relying on you to do it all the time. Scan the group to keep track of those who vary widely from a fairly equal share of "talk-time." When scanning, watch for nonverbal "I want to participate" cues from under-talkers, e.g., leaning forward, an abrupt change in facial expression, starting to speak but being cut off.

Always combine limitations of over-talkers with invitations to under-talkers. For example, "That's a good point, John. What do some of the rest of you think about that?" (Pause--then, if there are no talkers, "Pete, how about you?") Be sure to praise contributions of under-talkers particularly when you think their low level of participation is a result of shyness in the group. Two notes of caution: first, be careful not to give undue praise if the contribution is off-topic; second, some people say little but what they say is to the point and a valuable contribution to the group. It is important to make allowances for the low participation style of some members.

IV. HOW DO YOU KNOW YOU'VE USED GATEKEEPING SUCCESSFULLY?

The members contribute to the discussion fairly equally, as measured by the frequency and length of statements.

Members report (if asked) that they are satisfied with the participation levels within the group, including their own.

Members address comments and questions to one another during a meeting. In addition, members encourage silent members to speak, and ignore or gang up on monopolizers.

Adult Behavior and Children's Self-Esteem

Mimi Harris

I. THE WORKSHOP

Workshop Objectives

To define and expand on the concept of self-esteem.

To discuss the role of significant adults in influencing children's self-esteem.

To explore how trust, non-judgement, empathy, cherishing uniqueness and owning feelings contributes to the development of children's self-esteem.

To provide caregivers with specific examples of communication which interferes with or enhances children's positive self-esteem.

To provide caregivers with an opportunity to experience, through role-play, the effects of different behavior on feelings of self-esteem.

To provide a bibliography of children's books which are applicable to a wide variety of cultural backgrounds.

To provide resource articles and a bibliography that deal with children's self esteem.

Building Children's Self-Esteem

MY MOTHER LOVES ME.
I FEEL GOOD.
I FEEL GOOD BECAUSE SHE LOVES ME.

I AM GOOD BECAUSE I FEEL GOOD
I FEEL GOOD BECAUSE I AM GOOD
MY MOTHER LOVES ME BECAUSE I AM GOOD.

MY MOTHER DOES NOT LOVE ME.
I FEEL BAD.
I FEEL BAD BECAUSE SHE DOES NOT LOVE ME
I AM BAD BECAUSE I FEEL BAD

I FEEL BAD BECAUSE I AM BAD
I AM BAD BECAUSE SHE DOES NOT LOVE ME
SHE DOES NOT LOVE ME BECAUSE I AM BAD. *

Self-esteem is the feeling of worth an individual has. It forms the core of personality and determines the use a person makes of her aptitudes and abilities. The words, body language, attitudes and judgements of significant adults, become the mirror in which children see themselves.

Caregivers in the day care center have an important role in fostering high self-esteem in children. Often they are the first persons important to a child beyond her home environment.

I. Self-esteem can be thought of as having two major parts:

   A. "I am lovable." This consists of feeling valuable because of one's existence apart from one's achievements. The caregiver's attitude of "unconditional positive regard" for the child promotes this feeling.

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B. "I am competent." This consists of a feeling of confidence and mastery. Being competent is not sufficient. It is important for a person to <u>feel</u> they are competent. Those who think they can, do. Those who think they can't, don't.

II. Much of good day care programming builds children's sense of competency. Such programs provide:

A. Realistic expectations of children and a rich environment, together giving children many opportunities for success.

B. Expectations for children based on caregivers' knowledge of the sequential development of children in general and their observations of individual children.

C. Opportunities for children to make decisions and choices.

D. Explanations for rules and limits.

III. Caregivers can help children feel lovable.

A. Genuine Encounter--Focused Attention

1. This means direct personal involvement. It is the opposite of distancing, ignoring or being distracted.

2. This attention can be effective even if brief. It is often difficult in day care centers to give large amounts of time to individual children. Brief focused attention can go a long way. Some suggestions are:

   a. Greeting a child individually by name when she arrives for the day; this can contribute to the child's feeling important all day.
   b. Talking to a child at eye level so there is eye contact.
   c. Addressing individual children as opposed to the group whenever possible.
   d. Physical contact--a touch, gesture or hug.

3. The primary caregiver concept makes geniune encounter more possible. Each teacher is then attempting to relate more meaningfully to fewer children.

4. Staying in the "here and now" with a child is difficult. We are often thinking of the next activity or chore rather than focusing on the present. It is a skill which must be practiced, but one which can be learned like any other skill.

B. Trustworthiness in Adults

1. A child must be able to count on adults for friendly help in meeting her needs.

2. A child should feel adults will help prepare her for new experiences whenever possible.

3. A child should be able to count on the truth of what adults say. Adults should not lie to children.

4. Beyond this, a child should be able to rely on an adult's honesty of response. This means body language that matches words. Children depend on adults to give feedback that clarifies their experience. When a child receives "mixed messages" from adults she becomes confused and starts to disbelieve her own perceptions.

C. Non-Judgement

1. Negative judgements are at the core of low self-esteem.

2. Children do need adults' real reactions to understand the effects they produce; this helps them keep their behavior in bounds. However, children should be spared labels.

   Example: A child is dripping paint on the floor. "I want the paint to stay on the paper, then we won't have to wash the floor," rather than, "You're messy."

3. How to be a reactor not a judge:

   a. Make "I" statements not "you" statements.
   b. Describe specific behavior that a child can change.
   c. Provide explanations when possible.
   d. Provide alternatives when possible.

4. Even praise--a benign judgement--needs to be used carefully.

   a. If one's worth is dependent upon performance, then one's value is subject to cancellation with every misstep.

b. It is better to show appreciation or approval directed towards acts rather than to label the child.
   Example: "I really like how you set the table," rather than, "What a good girl!"

5. Adults need to spare children from the negative judgements of other children.
   Example: "Mary isn't a bad girl, she is just having trouble with what is happening." "He's not a baby. He misses his mother and feels unhappy."

D. Empathy

1. Empathy is being understood from your own point of view without judgement, agreement or disagreement.

   a. Learning to read body cues is important. Children convey their attitudes and feelings with their bodies more than with their words.
   b. Learn to do "Active Listening."
      1. Use simply door-openers such as "Tell me more" or an interested "Oh" to encourage communication.
      2. Try to understand the "feeling" part of the message a child sends.
      3. Check with the child that you have correctly understood her message.

2. Bugging--asking children lots of "why" questions--interferes with empathy. Adults often do this out of their own anxiety.

3. When a child is upset her immediate need is for empathic understanding. She needs it before explanations, reasons or reassurance.
   Example: "Wow! That was a big scary boom," rather than, "It's only thunder. You shouldn't be frightened."

E. Cherishing Uniqueness

1. Understand and respect the values, beliefs and language of children from varying cultural backgrounds and lifestyles.
   a. Use materials that enhance learning about various cultures.
   b. Employ staff members with various backgrounds.

2. Accept the child's growth pattern. No two patterns are exactly alike. Spurts, plateaus and regressions occur at different times for different children.
   a. Gently encourage a child into new experiences but respect her need to regress. A child needs safety before going into the unknown.
   b. Have faith that the push towards growth is built into the child. Give her the message, "I believe in your special way of growing."

3. Focus on a child's strengths not on her deficits.

4. Show real affection towards children if possible, but at minimum give all children respectful treatment.

F. Accepting Feelings

1. Allow a child to have her feelings without withdrawing approval.

2. A child's self-esteem is greatly affected by the acceptance of her feelings by adults important to her.

3. When adults attempt to dictate the feelings a child should have, they are forcing the child to deny her internal experience.

4. Avoid false harmonizing:
   Example: "I know you're angry but I can't let you hit him," rather than, "Say, you're sorry."
   The message should be, "Your inner feelings are your own, although I do have to limit your behavior."

Suggestions for Presenting the Workshop

1. Spend time with the group discussing situations in their lives that made them have good or bad feelings about themselves.

2. Brainstorm, recording on newsprint, ideas from the group about what self-esteem is. The leader can tie ideas together.

3. Brainstorm, recording on newsprint, ideas from the group about how self-esteem is formed. The leader could then point out how the ideas cluster around two main themes: "I am lovable" and "I am competent."

4. After discussing the effects of negative judgments, present some trigger situations, prepared in advance, followed by a negative teacher response. Have the group generate alternative responses. "Skilled Ways of Talking With Children" by Jeannette Galambos Stone would be useful in suggesting ideas.

5. Use the "Role Play" handout for discussion of ways to interact with children that enhance or interfere with children's positive self-esteem.

6. Do role plays with the group.

7. Have group leaders do simulations based on the "Role Play" handout or on other material. Follow with group discussion.

8. Discuss "Observations of Caregiver Language", highlighting how the different kinds of statements relate to self-esteem.

9. Use the "Coding Sheet for Observation of Caregiver Language" to code teacher language in simulation or role play situations. This is quite difficult and should be attempted only if sufficient time is available. If a good amount of training time is available, several fruitful sessions can be developed around this material.

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Self-Worth: The Pot that Nobody Watches

When I was a little girl, I lived on a farm in Wisconsin. On our back porch was a huge black iron pot, which had lovely rounded sides and stood on three legs. My mother made her own soap, so for part of the year the pot was filled with soap. When threshing crews came through in the summer, we filled the pot with stew. At other times my father used it to store manure for my mother's flower beds. We all came to call it the "3-S pot." Whenever anyone wanted to use the pot, he was faced with two questions: What is the pot now full of, and how full is it.

Long afterward, when people would tell me of their feelings of self-worth--whether they felt full or empty, dirty, or even "cracked"--I would think of that old pot. One day several years ago, a family was sitting in my office, and its members were trying to explain to one another how they felt about themselves. I remembered the black pot and told them the story, Soon the members of the family were talking about their own individual "pots," whether they contained feelings of worth or of guilt, shame, or uselessness.

Before long this simple shorthand word was helping many of my families express feelings that had been difficult to talk about before. A father might say, "My pot is high today," and the rest of the family would know that he felt on top of things, full of energy and good spirits, secure in the knowledge that he really mattered. Or a son might say, "I feel low-pot." This told every one that he felt that he did not matter, that he felt tired or bored or bruised, not particularly lovable. It might even mean that he had always felt he was no good; that he had to take what was handed to him and could not complain.

Pot is a plain word, in this use almost a nonsense word. Incidentally, I had this word long before marijuana became popular, so I lay first claims to it. So many of the words professional people use

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to talk about human beings sound sterile and lack life-and-breath images. Families seem to find it easier to express themselves in "pot" terms and to understand when other people express themselves that way. They seem suddenly more comfortable, released from our culture's foolish taboo against talking about one's feelings. A wife, who would hesitate to tell her husband that she feels inadequate, depressed, worthless, can say frankly, "Don't bother me now--my pot is dragging!"

So, in this book when I say "pot'" I mean self-worth or self-esteem. And pot is what we are going to talk about in this chapter.

In my many years of teaching young children, treating families of all economic and social levels, training people from all walks of life--from all the day-to-day experiences of my professional and personal living, I am convinced that the crucial factor in what happens both inside people and between people is the picture of individual worth that each person carries around with him--his pot.

Integrity, honesty, responsibility, compassion, love--all flow easily from the person whose pot is high. He feels that he matters, that the world is a better place because he is here. He has faith in his own competence. He is able to ask others for help, but he believes he can make his own decisions and is his own best resource. Appreciating his own worth, he is ready to see and respect the worth of others. He radiates trust and hope. He doesn't have rules against anything he feels. He accepts all of himself as human.

Vital people feel high-pot most of the time. True, everyone experiences times when he would just as soon chuck it all; when fatigue overwhelms him and the world has dealt him too many disappointments too quickly; when the problems of life suddenly seem more than he can manage. But the vital person treats these temporary low-pot feelings as just what they are--a crisis of the moment from which he can emerge whole and something he can feel uncomfortable about but does not have to hide.

Other people, however, spend most of their lives in a low-pot condition. Because they feel they have little worth, they expect to be cheated, stepped on, deprecated by others. Expecting the worst, they invite it and usually get it. To defend themselves, they hide behind a wall of distrust and sink into the terrible human state of loneliness and isolation. Thus separated from other people, they become apathetic, indifferent toward themselves and those around them. It is hard for them to see, hear, or think clearly, and therefore they are more prone to step on and deprecate others.

Fear is a natural consequence of this distrust and isolation. Fear constricts and blinds you; it keeps you from risking new ways of solving your problems and so gives rise to still more self-defeating behavior. (Fear, incidentally, is always fear of some future thing. I have observed that as soon as a person confronts or challenges whatever he is afraid of, the fear vanishes).

When the perennially low-pot person experiences defeats--the kinds that would make even a vital person feel low-pot for a while--he feels desperate. How can such a worthless person as he cope with such troubles? he asks himself. It is not surprising that occasionally a low-pot person under overwhelming pressure will resort to drugs or suicide or murder. I truly believe that most of the pain, problems, ugliness in life--even wars--are the result of someone's low-pot, which he really can't talk straight about.

Can you remember some time recently when your spirits were up? Perhaps the boss had just told you that you had been promoted; or you wore a becoming new dress and received several compliments; or you handled a difficult problem with one of the children and everything turned out happily. Try to go back now and feel again the feelings you had that day. That is what it is like to feel high-pot.

Can you remember another occasion, when you made an embarrassing slip, or a costly error; or you were scolded angrily by your boss or your spouse; or you felt helpless in handling a problem with the children? Again, go back and relive the feelings you had, even though it is painful. That is what it is like to feel low-pot.

Feeling low is not really the same as low-pot. Low-pot essentially means that you are experiencing undesirable feelings at the moment and are trying to behave as though those feelings did not exist. It takes a lot of trust to express your low-esteem feelings. Low-pot is a form of lying to yourself and others.

Now relax for a moment, then feel the state of your pot today. Is it high or low? Has something special happened to give you this feeling, or do you feel this way most of the time?

I hope that several members of your family will try this experiment together. Tell one another your feelings. Compare the things that make you feel low-pot or high-pot. You may find new dimensions to the people you've been living with all these years, and feel closer to one another as a result.

I am convinced that there are no genes to carry the feelings of worth. It is learned. And the family is where it is learned. You learned to feel high-pot or low-pot in the family your parents

created. And your children are learning it in your family right now.

An infant coming into the world has no past, no experience in handling himself, no scale on which to judge his own worth. He must rely on the experiences he has with people around him and the messages they give him about his worth as a person. For the first five or six years, the child's pot is formed by the family almost exclusively. After he starts school, other influences come into play, but the family remains important all through his adolescence. Outside forces tend to reinforce the feelings of worth or worthlessness that he has learned at home: the high-pot child can weather many failures in school or among peers, the low-pot child can experience many successes yet feel a gnawing doubt about his own value.

Every word, facial expression, gesture, or action on the part of the parent gives the child some message about his worth. It is sad that so many parents don't realize the effect these messages have on the child, and often don't even realize what messages they are sending. A mother may accept the bouquet clutched in her three-year-old's hand and say, "Where did you pick these?"--her voice and smile implying "How sweet of you to bring me these! Where do such lovely flowers grow?" This message would strengthen the child's feelings of worth. Or she might say, "How pretty! but add, "Did you pick these in Mrs. Randall's garden?"--implying that the child was bad to steal them. This message would make him feel wicked and worthless. Or she might say, "How pretty! Where did you pick them?" but wear a worried, accusing expression that added, "Did you steal them from Mrs. Randall's garden?" In this case, she is building low-pot but probably does not realize it.

What kind of self-worth is your family building? You can begin to find out with this little experiment.

Tonight, when the family has settled around the table for dinner, try to feel what is happening to your pot each time another member speaks to you. There will be some remarks that have no "pot-content," of course. But you may be surprised to find that even "Pass the potatoes, please" can make you feel valued or deprecated, the timing (did it interrupt you or serve as a way of ignoring something you said?).

When dinner is about half finished, change the game. Listen to what you are saying to others. Is your remark likely to make the other person feel better about himself? Does his reply or his facial expression fit the prediction? If not, your face or tone or gestures may be communicating some message of which you are not aware. Try to be spontaneous and say what you would have said if

you weren't trying this experiment. That won't be easy. Just being aware of what you say will make you tend to say pot-building things. But then that is another value of the experiment.

Tomorrow night explain this little game to the other members of the family. If they are old enough, let them read this chapter before dinner. Then all of you try the experiment at the same time. After dinner, talk together about what you discovered and how you felt.

Feelings of worth can only flourish in an atmosphere where individual differences are appreciated, mistakes are tolerated, communication is open, and rules are flexible--the kind of atmosphere that is found in a nurturing family. It is no accident that the children of these families usually feel good about themselves, or that the children of troubled families so often feel worthless, growing up as they must amid "crooked" communication, inflexible rules, criticism of their differentness, and punishment for their mistakes.

These same differences in self-worth can be seen in the adults in nurturing and troubled families. But here I think it is not so much that the family affects the adult's pot (although that certainly happens) as that high-pot parents are more likely to create nurturing families, and low-pot parents troubled families.

After years of working with families, I find that I no longer feel like blaming parents, no matter how foolish or destructive their actions. Instead, I try to find ways to raise their pot. This is a good first step to improving the whole family situation.

Happily, it is possible to raise anyone's pot, no matter what his age. Since the feeling of worth has been learned, it can be unlearned, and something new can be learned in its place. The possibility for this learning lasts from birth to death, so it is never too late. At any point in a person's life he can begin to feel better about himself.

I mean this to be the most important message in this book: there is always hope that your life can change because you can always learn new things. Human beings can grow and change all their lives. It is a little harder as we grow older, and it takes a little longer. But knowing that change is possible, and wanting to do it, are the two first big steps. We may be slow learners, but we are all educable.

I want to close this chapter with a bit of prose which contains my feelings and ideas about self-worth.

My Declaration of Self-Esteem

I am me.

In all the world, there is no one else exactly like me. There are persons who have some parts like me, but no one adds up exactly like me. Therefore, everything that comes out of me is authentically mine because I alone chose it.

I own everything about me--my body, including everything it does; my mind, including all its thoughts and ideas; my eyes, including the images of all they behold; my feelings, whatever they be--anger, joy, frustration, love, disappointment, excitement; my mouth, and all the words that come out of it, polite, sweet or rough, correct or incorrect; my voice, loud or soft; and all my actions, whether they be to others or to myself.

I own my fantasies, my dreams, my hopes, my fears.

I own all my triumphs and successes, all my failures and mistakes.

Because I own all of me, I can become intimately acquainted with me. By so doing I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me. This is authentic and represents where I am at that moment in time.

When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting. I can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded.

I can see, hear, feel, think, say, and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore I can engineer me.

I am me and I am okay.

Skilled Ways of Talking With Children*

The following are some approaches to consider for dealing with the common situations in a day care setting. The language used leaves room for children to make choices and to understand their feelings and the feelings of others. All of this adds up to helping children develop the tools for disciplining themselves while contributing to the development of a positive self-image.

These are only examples which carry the ideas teachers want to get across to children. You will, of course, have your own way of saying these things.

Spiderman is too rough and loud for inside. When we go outside, we'll find a Spiderman place and make some Spiderman rules.

It's hard for Meredith to wait so long for a turn. Let her have the truck in three minutes. I'll time it on my watch.

Some children like to draw designs with lines and curves, Lisa. Other people like to draw people and houses. It's up to each person.

It bother me when you call Kevin stupid. He is not stupid. He's playing in his own way, and that's fine.

It's all right for Dana to be over there by himself, Elena. Sometimes people need to be alone.

I don't want you to laugh when someone gets hurt. Tom's hand really hurts. Luis, would you please bring the tissue box to Tom? Thank you.

Yes, you can write your own name, Jaime. But Jonathon does not have to if he'd rather not.

Sam's drawing is his own idea. Each person's ideas are important.

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I know you want to be the father. We could have two fathers in this house . . . we need a grandfather, too, and some uncles.

I know how you feel, Juan. It is hard for you. But I think we can work it out.

I don't want you to call Killian a baby. He is four years old. It's hard for him to get used to being without his mother.

Alicia, your loud crying makes it hard for us to hear. (To the other children:) Sometimes people need to cry. When she can tell me with words what's the matter, she will.

I cannot let you hit him--it hurts. Tell him with words.

Yes, I heard Lara say that word. Lara, it's not a word we use here.

Tony, the children worked hard making their block building; they get angry when you knock it down. Help build the tower back up. Then you can build something of your own.

Keep the sand down low, this way. Dig down with the shovel.

People don't like it when you grab. Ask and then listen to the answer. Did she say no? OK. What else can you find to do.

I won't allow you to kick me, and I won't kick you either. I want this to be a safe place for all of us.

Screaming won't get you a turn, Ann. Terry needs more time on the swing. Then I'll help you get your turn.

Sean, the children want to hear the story. You may tell me at the end of the book.

Do you want to come back to the story, Sean? All right, but you must decide to listen quietly.

Paint here on your own paper; Susan does not want you to paint on hers. Would you like a larger piece of paper?

Maricela, I cannot let you dump the puzzle on the floor. Let's pick up the pieces and figure out how to do it, together.

No climbing on the tables . . . the climber out in the other room is for climbing!

Bryan, please don't yell across the room. Walk over to your friends and speak right to them.

No pushing on the slide! First Tony, then Sue, then Lucinda, then Peter.

On this walk, I need to go first because I'm a grown-up. Ms. Allen will walk in back with Elton and Tina. No one is to run ahead.

I am not going to chase you, Celeste. Walk back here to me . . . take giant steps.

I know you don't want to stop what you are doing now, but your father is waiting. Would you like to use those plastic cubes again tomorrow? Remind me.

Stay at the table with us until the others are through. You're part of a group.

I saw that you did not help put the trucks away, Lamont, after you played with them. Next time, please help.

I know you brought that doll from home, Beatriz. It's beautiful. I'll help you show the doll to everybody, safely. Then we'll put it in a special place until it's time to go home.

Pour the orange juice carefully so it does not spill. You can see how much will fill the cup. There . . . that's just right.

Water on the floor is slippery and could make someone fall. Here's a mop for you to mop up over there . . . I'll sponge up here.

This sink is pretty small for four children. Let's fix another pan of water over on the table . . . first a towel on the table, then the pan of soapy water . . . now an egg beater and pitchers and cans. Anything else?

We're going to make scrambled eggs today. There are two cooking tables; mine is here, and Mr. Klemach will be over at that table. If you don't want to cook, you may use the flannel boards on the blue rug.

Yes, I know, Mari. But people don't all have to sing when we have music. Sometimes Tim likes to listen.

You can dance to this record in the space from this wall to that table. If you don't feel like dancing, you can watch or clap with the beat.

We got back from our trip to the music store early, so let's play one of the records we brought while we sit on the rug.

I know you're mad. I understand. But shouting that loudly won't help. Come, let's talk about it.

Role Play Situations

1. Child comes into the room excited about a worm she has found outside just as snack time is about to begin and the teacher is helping children take off boots.

2. A parent is dropping her child at the center one morning. Both are upset and as parent leaves she says, "Jimmy's impossible this morning. He wouldn't get dressed or eat his breakfast or get out of the car. I hope you can do something with him."

3. A four year old who has been in the center for over six months is tearful for the third day in a row when her mother leaves. Mother has an exam and has left immediately for class. The child stands near the door quietly whimpering.

4. The teacher had an argument with her own child before leaving for work. The children have been indoors all morning because of rain. At snack time a child spills a pitcher of juice over the table and on the teacher's lap. The teacher loses her temper and shouts: "How can you be so clumsy? Now none of us can have any juice!" It is now ten minutes later and the teacher is feeling remorse.

5. It's free play time. Two children are playing in the housekeeping corner. A third child comes over and starts to join in setting the table. One of the children says: "Go away! We don't want you in our house." The third child responds: "I want to play, too." "No, you can't!" The excluded child appears hurt and looks in the teacher's direction.

Observation of Caregiver Language*

I. Kinds of Statements

A. Questions

1. Yes/No

Do you want to paint?
Did you wash your hands?

2. Convergent (questions having only one answer)

What color is this paint?
What kind of juice is this?

3. Open-ended

How many things can you think of that are red?
What are all the things you can think of that we can use a broom for?

B. Rules

Use a different brush for each color paint.
We don't run inside the nursery school.

C. Commands

Take the paint brush out of your mouth.
Close the door.

D. Instructions (activity related)

Take out the paint brushes and put one brush in each color paint.
Take three pieces of paper and fold them like this.

E. Praise

1. Activity-related (praise of behavior)

What a colorful picture you painted!
You did a very nice job of cleaning up today.

2. Social interaction (praise of behavior)

Johnny it was nice of you to share the blue paint with Sally.

*Prepared by Carol Alexander, Phyllis Blumenfeld, Babette Kronstadt.

3. Other (can include direct praise of child)

Susie, what a good girl you are.

F. Criticism (+ for constructive and 0 for negative)

1. Activity-related (criticism of behavior)

0 Jimmy, I told you not to mix the red and blue paint.
0 Jimmy, you shouldn't have mixed the paints.
+ Jimmy, it would be better if you don't mix the paints again.

2. Social-interaction (criticism of behavior)

0 Don't throw paint on Sally's picture.
+ Betty, Sally doesn't like it when you put paint on her picture.
+ You should be careful not to pull the paint when someone else is using it.

3. Other (can include direct criticism of the child)

0 Susie, you certainly are sloppy today.
+ Billy, it would be better if you would try not to be so messy.

G. Permission

It's O.K. f[illegible] to get some paper and paint now.
You may go outside now.

H. Denial

It's too late to paint now.
You can't go outside.

I. Verbalizing feelings

Betty, Sally doesn't like it when you put paint on her painting.
Bright colors cheer me up.
I bet it made you feel really angry when Billy hit you.

J. Teaching Statements

Blue and yellow make green.
We get milk from cows.

K. Other

It certainly is a nice day.

Coding Sheet for Observation of Caregiver Language*

Name _____ Activity _____

	Initiator		Contact		Directed Toward		Explanation	Choice
Kinds of Statements	T	C	Eye	Phys.	Ind.	Group		
Questions								
Yes/No								
Convergent								
Open-Ended								
Rules								
Commands								
Instructions								
Permission								
Denial								
Verbalizing Feelings								
Teaching Statements								
Other								
Praise								
Activity Related								
Social Interaction								
Other								
Criticism								
Activity Related								
Social Interaction								
Other								

*Adapted from materials prepared by Carol Alexander, Phyllis Blumenfeld, and Babette Kronstadt.

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Children's Feelings

Mimi Harris
Helen Hasenfeld
Esmeralda Watkins

I. THE WORKSHOP

Workshop Objectives

To discuss the importance of accepting the feelings of children.

To define tasks that children need to learn to help them identify and deal with feelings.

To define tasks caregivers must attend to in dealing with children's feelings.

To offer a variety of ways through which caregivers can help children recognize, label and express their feelings.

To provide examples of ways to enhance adult-child communication.

To provide a framework for examining how adult models can influence a child's behavior.

To provide a bibliography of books suitable for use with preschoolers on social-emotional issues.

To provide resource articles and a bibliography that deal with social-emotional growth and behavior.

Children's Feelings

I. The Right to Feel

Feelings are a part of everyone's experience and play a large role in determining how a person will live her life. Becoming aware of and dealing with feelings gives a person an important tool to use all during the course of her life in coping, decision-making, and getting along with others. Teaching children from an early age to recognize and understand this aspect of themselves is desirable; it helps them gain a mastery of unpleasant situations as well as share the joy of their pleasant experiences.

A. It is important for children to know that "feelings" are universal.

1. It is important for them to know others have the same fears and concerns they do. It helps defuse the scariness of their feelings.

2. The universality of feelings form the foundation on which empathy and caring for others is built.

a. Empathy is based on the thought, "I know how I feel when I'm in that situation, so I think I know how you feel."
b. Effective social relations depend upon this ability.
c. Imagining how another person feels is very difficult for a child.

B. Expression of feelings helps enhance mental health.

1. Repression of negative feelings keeps the body in a state of tension. With children especially, pressure builds up quickly. It may be released by:

a. Turning the feeling outward and striking out in misplaced rage.
b. Turning the feeling against oneself, which may in the long run lead to migraines, ulcers and psychosomatic ailments.

2. Repression of emotions ties up energy that can be used for growing and learning purposes.

3. Repression controls indiscrimately. Not only are negative emotions blocked out, but warm and positive ones may also be lost. Adults who have developed in this way often have constricted and distant relationships.

4. Negative feelings that are expressed and accepted lose their destructive power and defuse the situation.

C. There is a strong relationship between self-esteem and feelings.

1. Children's self-esteem is greatly affected by the way important people recognize and accept their feelings.

a. Help children own their feelings: allow them to have feelings without withdrawing support and approval.
b. A child feels safe when she knows a significant adult will help her develop her own controls.
c. When you dictate the feeling a child "should" have, you are asking her to give up her own personal experience.

Example: "Give the truck to Mary," vs. "I know you want to keep playing with the truck, but it is Mary's turn."

2. Children's self-esteem is greatly affected by how successfully they cope with their feelings.

II. Helping Children Learn About Feelings

Just as we help children develop cognitive, motoric and perceptual skills, we also need to help them develop social and affective skills. These skills lay the groundwork or foundation for good emotional health. Children will not be "fluent" in dealing with feelings at the end of preschool, but they should have a series of experiences to help them grow emotionally.

A. What has to be learned by a child:

1. To have and express feelings. How she feels inside is important to herself and to others.

2. To recognize feelings and give them names. A child learns to use language to interrupt impulsive acts.

3. To separate feelings from actions. Preschoolers tend to have lots of feelings pile up on each other quickly which they express through actions.

4. To express things in ways that are not harmful to self or others.

5. To learn that feelings are not all-powerful and do not make things happen. This helps the child to make more accurate judgements about the world.

6. To learn that feelings are caused by events; they don't just happen.

7. To understand that others have feelings too.

B. What needs to be attended to by the caregiver to foster healthy expressions of feelings:

1. Be serious about the child's feelings. Listen to what she is saying.

2. Be accepting of the child's feelings. Let her know that it is safe to share feelings with you; you will not make her feel foolish or guilty.

3. Help the child define and label her feelings.

4. Stay with a feeling long enough to help the child explore real rather than magical and/or guilty reasons for an emotion.

5. Check out feelings with the child, do not come to your own conclusions. Use "I see/think/feel" or "It seems to me," so the child can correct you if you are mistaken. It is very hard for a child, or anyone, to have wrong feelings attributed to them, especially when they feel badly.

6. Be available and be seen as a reliable, dependable adult who can help a child handle her emotions in a positive way. Give the child permission to show feelings in constructive ways and places. "Let's find a better place for you to be angry."

7. Help the child see the results of her action when feelings are acted out harmfully. "It's OK to be angry but not to hit David with a rock because you're angry.

8. Emphasize similarities among people, children in particular: "Mike was sad yesterday when his Mom left."

9. Focus the child's attention on any special effects of her actions: "I'll bet John is glad you gave him a piece of your cake."

10. Encourage children to discuss their feelings with one another. Feelings are hard to control when they cannot be expressed or identified by the child.

11. Respond to the child's negative expressions with understanding. "Why did you do that?" is a useless and squelching question. Negative expressions are best dealt with by reflecting back what the child has said to you.

12. Diversions, reassurances, judgements and reasons are not ways of dealing with a child's feelings. When a child is upset her need is for empathy and understanding. She needs that before hearing explanations, reasons or reassurances.

13. Understand that children need practice in integrating these skills into their repetoire of behaviors.

    a. Adults need lots of patience.
    b. Children need lots of repetition.

C. To promote social and emotional growth the day care environment should:

1. Offer consistency. Children feel unsure in new situations. Therefore, it is important for them to learn quickly who and what they can count on. Kids need to feel secure to be able to grow.

    a. A child needs to know what to expect. "What will happen if...?
    b. A child needs to know who will be there. "Mary or Tom will meet me when Mom drops me off."
    c. A child needs to know on whom she can depend. "I like to be with Sally when I feel sad." Certain caregivers are chosen by a child at different times for different reasons.

2. Allow children the opportunity to make choices regarding play, behavior, etc. A child needs to feel that she has some control over her environment.

III. Adults as Models

Children are strongly influenced in their ideas of what constitutes acceptable or unacceptable behavior by observing the actions of the adults in their lives.

A. It is important for adults to model that it is OK to be honest in expressing feelings. "It makes me angry when..." "I get nervous when..." "It makes me happy to see..."

B. Adults can help "universalize" emotions by:

1. Sharing from their own childhood.

2. Using opportunities to talk about how others feel, or react.

3. Building in time to talk about feelings.

C. Adults can help children by explaining that they have emotions not directly related to the child. A child often assumes that when an adult is upset, she somehow caused it.

D. Beware of the "nobody home" phenomenon: teachers may <u>say</u> all the right things to children about feelings but exhibit an unchanging pleasant affect themselves. This models that it is not OK to express emotion.

Suggestions for Presenting the Workshop

1. This module is easily broken into three parts, each of which can be used separately in workshops and discussion groups. The parts also can be used together for one rather long, lecture-style presentation on why it is important to deal with children's feelings and how adults can be helpful in this process.

2. After the presentation of "The Right to Feel," the group can break into small groups to brainstorm about:

   a. What tasks children need to learn to begin to master their feelings.

   b. How staff persons can be helpful in fostering healthy expressions of feelings.

   These tasks should be based on content from "The Right to Feel."

3. "Tasks to be Learned by Children and Caregivers" (section II) may be listed on newsprint. The participant's job is then to brainstorm ways to include these tasks in their own day care setting.

4. A discussion focusing on "Helping Children Cope" fits well with the brainstorming session on "Tasks." The focus of this discussion may be teacher language (see the handout, "Skilled Ways of Talking with Children" which is included in the module on self-esteem).

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II. RESOURCES

Teaching Children Non-Sense

Crazymaking (Bach and Wyden 1968; Bach and Goldberg 1974; Wahlroos 1974) refers to a variety of communication styles utilized by one individual to inhibit another person's rational understanding of reality. The victims of crazymaking become confused and uncertain of their own experiences because of distorted feedback; they begin to doubt and mistrust their own perception of what the world is like and eventually develop *non*-sense, the inability to recognize and deal with personal and interpersonal reality.

Crazymaking and Reality Construction

Rather than being born with an understanding of how the world operates, children must experience and construct reality as they interact with their environment. One aspect of mastering reality involves learning about the nature of things ("What is that?"). For example, children learn that certain animals at certain times are dangerous, that some objects will break when dropped.

Another important aspect of reality construction involves learning about people ("Who are they? How are we going to relate to each other?"). For example, children learn that people have different values and generally prefer to be treated with gentleness. This particular process of growth involves a movement from egocentric to sociocentric thinking (Piaget 1965).

A third important goal involves getting in touch with personal reality "Who and what am I?") For example, children learn that they have emotions, that they experience pain, that their blood will not "leak" out if they have a cut, that they have a name and belong to a family, etc.

Learning about reality depends on feedback from things (e.g., the child hears another say, "I do not like to be hit!"). This feedback can be either supportive or distortive. Supportive

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feedback is a clear, accurate, rational representation of reality. Distortive feedback, however, is a confusing, inaccurate, and irrational misrepresentation of what is real. Crazymakers are distortive forms of feedback from people.

The basic and necessary ingredients in a crazymaking relationship (Bach and Goldberg 1974) include:

1. An emotional dependency and vulnerability of at least one person in the relationship;
2. An unequal power balance;
3. A socially traditional role relationship which provides the opportunity for crazymaking to be masked by "good" intentions;
4. Resentment, hostility, and/or alienation within the controlling person who is generally unaware of his or her unreasonable behavior.

Each of these factors are especially relevant and lethal in parent-child and teacher-child relationships. Adults may exploit a child's natural dependence and need to be wanted and accepted; they may also deny a child the opportunity to confront the irrational behavior. In moments of thoughtlessness, though, most of us can be guilty of crazymaking in various forms and degrees toward children whose lives we touch. Nevertheless, if crazymaking communication is a pervasive norm in their lives, some children will withdraw from or distort a confusing reality and develop severe emotional problems.

Children depend on adults to help clarify and reaffirm their experiences with the world. Unfortunately, this sensitive awareness of self and others is easily sabotaged by adults who frequently seem determined to peddle a phony image of reality to willing and receptive young minds. We must stop this destructive response by becoming more aware of our own crazymaking habits and by investing the time and effort to help children develop a more rational understanding of reality.

Types of Crazymakers

The following list identifies the types of responses that prevent children from constructing an accurate understanding of reality. Although some of these forms of communication may resemble each other, each type of crazymaker illuminates a different aspect of irrational communication. Also, the amount of confusion experienced by victims may vary somewhat from one crazymaker to another.

Disconfirming (discounting)

Confirmation is a process through which individuals are recognized, acknowledged, or "endorsed" by others. A response to another that is relevant to the other's needs "confirms" the other and supports that person's feeling of being OK (Laing 1961). Disconfirming, however, ignores the needs and wishes of others by "putting down" or discounting their feelings or thoughts. Disconfirming also includes *conditional* acceptance: "I will like, love, or accept you only if you...."

Example: An excited preschooler runs to his teacher to show her a worm he has found.

Boy: "Teacher, look at this fat worm I found!"
Teacher: "It's time for a snack and you're dirty. Go wash your hands."

Example: After a rather hectic ordeal to get the children seated for music time, the teacher positions himself near a record player and holds up two records he was planning to play.

Teacher: "Would you like to hear these records during rest today?"
Children: (Most do not respond, but a few say "No.")
Teacher: (With a broad smile on his face) "Okay, I think you'll like them." (Proceeds to play the records.)

Mind Threatening

One of the most frightening experiences a child can have is to be threatened with bizarre, senseless consequences by an adult. Unreal threats are especially mystifying because of the child's limited understanding of reality and readiness to believe everything a controlling adult says.

Example: A young girl who had been rather troublesome at bedtime was told by her parents that if she didn't behave "...the boogeyman is going to come and get you during the night." The child responded by quieting down and going to her room without protest. Recently, however, she has been troubled by nightmares and bed-wetting.

Example: The father of a four-year old boy recently responded to his son's fighting with a younger brother with the statement: "If you don't stop hitting your brother, I'm going to beat your head in!" Although the fighting stopped, the little boy developed a fear of his father, expressed both by nightmares of being hurt and an actual withdrawal from him.

Young children do not disregard what the adults pays as exaggerations. "What *is* the 'boogeyman'? What is he going to do to me? Would father really beat my head in? Will he hurt me in other ways too?" Although adults readily understand the real intent behind these statements, mind threats are no laughing matter to children.

Strategic Failing

This crazymaker involves two necessary features or strategies: The controlling adult *demands* that the child do something he or she is not capable of doing and then *punishes* the child for failing to successfully complete the task. The child is in a total "no win" situation.

Example: After reading "How to potty-train your child in five days" in a popular magazine, mother initiated a rather structured toilet training schedule for her ten-month old. The child is confused about her mother's intentions and expectations and is biologically unable to gain necessary control over the muscles involved. Recently the mother has been scolding her daughter for having wet diapers.

Example: Four-year-old Billy is attending his sister's wedding ceremony. He has experienced a structured morning and, feeling both anxious and excited about the event, he begins to fidget. Father demands that "...he behave himself." After a brief period of nonactivity, the little boy begins to squirm again. The father gives him a sharp slap.

Masking

Masking (Lidz et al. 1958) is an attempt by a controlling person to conceal some disturbing situation within the group by acting as though a problem did not exist.

The individual who resorts to this crazymaker relies on intimidation and uncertainty to enlist the cooperation of group members in ignoring or masking the obvious. Out of an ill-conceived desire to be "protective" the masking adult will sometimes overlook the child's need to understand what is happening. As with the other crazymakers, children begin to doubt the trustworthiness of their own perceptions.

Example: One child in a preschool group has an obvious physical disfigurement. Several of the children seem curious, while others are somewhat frightened regarding the physical problem. The teacher firmly avoid discussing or dealing with the matter out of a misguided concern for "...hurting the poor child's feelings."

Example: Ann has returned to school after the recent death of her father.

Child: "Teacher, Ann is crying."
Teacher: "Don't worry. I'm sure everying is OK; go back and play now."

Mixing Messages

A person who denies a feeling which others can clearly observe is communicating a mixed message. The victims are lured into a trap (Briggs 1970) involving two messages: one based on what the other *says* (e.g., "I'm not angry.") and another which contradicts the first in terms of *tone* or *body language* (e.g., loud voice, clenched fist). Mixing messages is a result of believing that an underlying feeling is unacceptable and that admitting or acknowledging the feeling will have dangerous consequences. Yet feelings are very difficult to hide from others. Children, for example, may be very aware of their teacher's anger despite any attempts to appear cool and calm.

If they accept the adult's false front as reality, children may distrust their own real experiences. Children may also substitute their own personal concerns to reduce their confusion. For example, they may conclude that their teacher is angry with them for something they did (which may not actually be the case). Mixing messages creates a climate of masks that teaches distrust.

Example: A child approaches a teacher who is obviously very sad, almost to the point of crying.

Child: "Teacher, why are you so sad?"
Teacher: "What? Oh, I'm not sad. I feel fine."

Example: A four-year-old boy has thrown his lunch on the floor during a heated conversation with another child. The teacher (who has had a bad day) removes the child from the table. As she carries him to the office, she smiles and says rather sweetly, "Now Chad, you know you're not supposed to do that." But the teacher's tight grip, abrupt handling, and clenched teeth convey something else. After being seated, Chad asks, "Mrs. Brown, why do you hate me?" Mrs. Brown responds, "Why honey, you know that isn't so."

Double Binding

This crazymaking subjects others to incongruent or conflicting demands. Victims are doomed to rejection because they are in a "no win" situation. If one command is obeyed, then another is disobeyed. Double binding differs from mixing messages in that the double bind involves conflicting *commands*. The necessary ingredients of a double bind (Watzlawick et al. 1967; Bateson et al. 1963) are:

1. Two or more persons are involved in an intense relationship with a high degree of physical and/or psychological value for one or more of them.
2. The less powerful individual is confronted with two incongruent directives. For example: "I order you to disobey me." Negative commands can be expressed through action or be implicit in the situation of interaction as well as being directly expressed through words. Punishment is expected regardless of the response.
3. A third injunction or demand is also present that prevents the victim from escaping the interaction.

The double bind is particularly disruptive if it occurs frequently with children.

Example: A child is feeling hostile toward the teacher. The teacher approaches and the following exchange occurs.

Teacher: "What's wrong? Tell me how you feel." (Command 1)
Child: "You are a bum teacher."
Teacher: "Now, you shouldn't say things like that." (Command 2)

Faced with this type of bind, the child may escape the teacher's anger only by becoming skillful in hiding true feelings. But then again, the teacher might show disappointment in the child's unwillingness to reveal those feelings.

Example: It is late in the school year, and the teacher has just told the children he would like to have them take more responsibility in caring for the classroom, since they are big enough to help him. Later that day, Ann sees an opportunity to be helpful by watering the plants. As she starts to water the first plant, the teacher rushes over and says, "Oh, no! I'll do that. It's too difficult for you." It becomes quickly apparent that the teacher is unwilling to allow any significant responsibilities for the children. Because the teacher was not specific about the things the children could help him with, Ann becomes very confused. She may feel she is in trouble if she helps and in trouble if she doesn't help.

Guiltmaking (scapegoating)

In this crazymaker one person is blamed for the personal problems, concerns, or "hang-ups" of another. Individuals who scapegoat may select another person to be the recipient of their own negative dealings toward themselves. Instead of assuming responsibility for their own weaknesses, they may project their problem onto another, blaming others for their own destructive or ineffective behavior. The victim then develops an exaggerated and destructive sense of his or her impact on others, generating a fear of self-expression (Bach and Goldberg 1974). Scapegoaters thus create the illusion that they are actually the victims.

Example: A young child approaches the teacher and asks for some glue for an art project. The teacher, who has just finished a rather bitter fight with another teacher, ignores the request. The child continues to ask for the glue. Finally, the teacher explodes in a rather hostile outburst.

Teacher: "No glue! Stop bugging me!"
Child: (Cries)
Teacher: "See! Now you *made me* lose my temper!"

Example: A teacher is on a short walk through the neighborhood with a group of young children. One child has been particularly difficult for the teacher to handle.

Teacher: "All right, I guess we will all have to go back to the school. It seems as if some of us don't know how to behave ourselves on a walk."

Psyching-out (mind reading, jumping to conclusions)

This crazymaker includes unrealistic and totally unfounded interpretations or predictions about the behavior of others. Psyching-out may also include accusing others of vicious or sinister motivations for their actions (Wahlroos 1974). Adults who are involved in psyching-out make the false assumption that they know what is going on in the other's mind.

Example:

Child: "Dad, can we go to the fair this weekend?"
Father: "No, dear, it's so crowded you wouldn't like it."
Child: "I wouldn't? Oh, Dad, can we go anyway?"
Father: "No, *you know* the last time we went to the fair you just didn't like it."

Example: Child sadly walks into room.

Child: "Tommy (his older brother) got to go to grandma's. I didn't get to go."
Teacher: "I bet you're really angry with Tommy."

Example: Mother has repeatedly asked her toddler not to open a certain drawer. Despite her requests, the child continues to stand on her tiptoes to open the drawer.

Child: (Opens drawer)
Mother: (Frustrated) "Sally, why are you trying to get my goat?"

False Harmonizing

False harmonizing describes group relationships which are based on facade or pretense. In false harmonizing the emphasis is on presenting an image of satisfaction at the expense of allowing true feelings and needs to emerge in the relationship (Wynne et al. 1958). In contrast, genuine harmony and mutuality

provide an opportunity for persons in the group to develop a sense of their own meaningful identity, which is also acknowledged by the others in the group. As growth and change occur, the group helps its members affirm their own sense of well-being. There is a recognition, exploration, and negotiation of differences and disagreements. For example, teachers can give children the opportunity to discuss classroom problems and identify potential solutions. Disagreement is seen as an opportunity to get to know and reach out to others. In false harmonizing all disagreements with the adult controller's definition of a happy group are actively if not openly discouraged.

Example: A teacher talks about her class in glowing terms: "Oh, they're such a wonderful group. They don't give me any trouble." A visit to the class gives the initial impression that everyone is extremely well behaved. But everything is too right. There is an absence of spontaneity, novelty, humor, and zest as children move about. A weary sense of oppression hangs like a heavy blanket over the entire group. The classroom is physically enriched but emotionally stifled.

Example: A teacher approaches a child who is getting rather loud in his play and says, "Now, Jamie, WE always use our quiet voices when WE are in school." The response is both confusing and oppressive. Is the statement an accurate reflection of the child's reality? Not really. Jamie has observed this teacher yelling many times in the classroom. The teacher also creates the illusion of togetherness and agreement by using the impersonal term "we."

Emotional Blackmailing

This crazymaker is a form of benevolent violence where one person threatens another with the withdrawal of love, affection, or interest in order to manipulate the other's behavior. This tactic is especially threatening because it disrupts another's need for security in a relationship.

Example: A child is continually disrupting the activities of the other children, and the teacher is feeling frustrated with her inability to handle the problem. Suddenly the child deliberately knocks down another child's block tower. The teacher forcefully removes the child from the situation and says, "If you keep on being nasty, I don't want you to come to school. I will send you home."

Example: A child has been caught taking some candy from another child in the classroom.

Teacher: "I am very ashamed of you because you stole this candy. People don't like little children who steal."

Bugging (interrogating)

This crazymaker (Egan 1970) refers to the use of repeated and/or meaningless questioning of a person who is experiencing a problem. Questions are asked to show "interest": "How do you feel? When did it happen? What did you do?" This holds the victim as the center of attention and reduces the possibility of meaningful and potentially threatening conversation. Bugging or interrogating is often used in connection with preaching or lecturing and can be very irritating to others. Good questions can be very insightful and deeply supportive if they are sincere and lead to deeper involvement, but bugging ensures emotional distance and does not bring about a resolution of the problem.

Example: Ken was hiding in a makeshift tent during snack period. The teacher peeked inside and said, "Looks like you don't want to eat lunch today." Ken responded with a rather "put-on" sarcastic tone, "All the teachers come up to me and say, "What's the matter, Kenneth, what's the matter?" Ken had been sitting in his tent all day because he felt sad that some special packages had not yet arrived by mail at home. After discussing the problem for a minute, his spirits brightened and he joined the rest of the children. Ken was disgusted with the well-intentioned but interrogating student teachers who were more concerned with identifying his motives than dealing with his current feelings. They probably would have been more successful if they had just sat quietly next to him.

Example: Karen began crying as soon as she came into the classroom.

Teacher: "Karen, what's wrong?"
Karen: (No response)
Teacher: "What happened? Did you get hurt?
Karen: "No."
Teacher: "Did someone take something from you?"
Karen: "No."
Teacher: "Did something bad happen at home?"

Karen: (No response)

The teacher and Karen continue to play this interrogating game until one of the two becomes tired and walks away.

Shunning (non-engagement, emotional withdrawal)

A shunning response involves the "cold-shoulder" treatment of silence, ignoring, sulking or pouting. Probably one of the greatest needs of all humankind is to have one's existence and significance acknowledged by another person (Wahlroos 1974). To have other people act as though we did not exist can be the cruelest of all experiences. Children have an obvious need for recognition, especially from parents and teachers. Unfortunately, many children discover that the only way they can get attention is to misbehave.

Example: A teacher has decided to ignore the disruptive behavior of a child. Regardless of what the child did, the teacher would turn away. Later in the day, the teacher finds color crayon marks all over the papers on his desk.

Example: A kindergarten teacher has been avoiding a certain child. Whenever she is in the child's presence, she feels uncomfortably "turned off," and talks to the child only when necessary. The child initially made overtures of friendship to the teacher but has now given up after the repeated rebuffs. Recently the child has been complaining about stomachaches.

Thinging (childism, racism, sexism)

This crazymaker is present in a dehumanized interpersonal relationship characterized by treatment of victims as if they were objects, commodities, or status symbols rather than persons with unique needs and special backgrounds. Overcrowded classrooms and bureaucratic management techniques make "thinging" a common experience for those involved in many school situations.

Example: At the end of the first year in the public school, Paul was given an IQ test. Because of the low score, he was "held back." The new teacher was informed of the test results and later was overheard to remark that Paul was one of her "slow" children. Paul is confused when he learns that he will not be going to school with the rest of his friends.

Door Slamming (sidetracking, derailing)

Door slamming involves shifting the focus during a problematic confrontation to prevent the solution of a conflict (Bach and Goldberg 1974). The natural flow of energy being channeled into the encounter is disrupted, and the victim becomes confused and frustrated. Door slamming can be the result if teachers try distraction at inappropriate moments.

Example: During outside play, a toddler makes an attempt to climb up a slide for older children, but her teacher picks her up and carries her to another more suitable piece of equipment. The child gets up, however, and begins to run to the slide. The teacher then carries her to the sandbox and tries to interest her in digging. After a brief involvement, the child makes another attempt to go to the slide. This time she begins to cry when the teacher intercepts her.

In this case it was important for the teacher to try to communicate to the child the motives for her intervention. Without some explanation ("I cannot let you climb up this slide. Climbing this is dangerous."), the distraction does not make any sense to the child. As far as she is concerned the adult's behavior is bizarre and unreasonable.

The Prevention of Crazymaking

Since crazymakers are more likely to occur in relationships characterized by a power inbalance, as in child-adult interactions, one strategy for reducing their occurence is for adults to share as much control as possible with children. Sharing control means the adult must be ready to deal with conflict in an open and forthright manner. Adults can strive to enable children to become decision makers rather than dependent and conforming automatons. On the other hand, they must also acknowledge the exact nature of the power structure in the relationship, since some decisions cannot be left to children and some rules must be appropriately enforced.

Crazymaking is also a potential in relationships where power imbalances are hidden and disguised behind the facades of equality (Bach and Goldberg 1974) and when one person assumes a complete understanding of what is going on in the mind of another person. Adults should recognize that children are people, individuals worthy of the same type of respect and consideration granted to any adult. Finally, crazymaking is a potential in relationships where individuals have unrealistic expectations toward others and for themselves (Smith 1974). Unreasonable self-demands (e.g., "Good teachers do not get angry with children.") immediately create an

artificial relationship which will ultimately have to be maintained by crazymakers (e.g., "No! I'm NOT ANGRY!").

The most productive response to the discovery of our own crazymaking habits involves gentle self-acceptance combined with self-determined change. Certainly irrationality is not something to be admired. But true self-renewal will occur only if we recognize our inevitable destiny to be imperfect. We must not forget that, like the children we serve, we too are involved in a continual process of growing up.

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Activities for Social and Emotional Growth

Tobi Hanna Bartlett

I. THE WORKSHOP

Workshop Objectives

To highlight the potential value of many non-commercial, everyday activities for promoting children's social-emotional growth.

To provide detailed lists of these activities with guidelines for using them.

To demonstrate, and discuss in more depth, a few activities such as cooperative games, children's books, puppets, and art.

To model leading children's discussions about feelings and social interactions.

To demonstrate several commercial programs designed to promote preschoolers' social-emotional growth, to discuss the advantages and disadvantages of each and to give information about borrowing and buying them.

To provide books and commercial materials for browsing.

To provide a bibliography of resources for teachers.

Activities which Promote Social-Emotional Growth

Caregivers can use a variety of activities to promote children's social-emotional growth, some of which will be described here. This section first explores ways to use the non-commercial activities that caregivers provide in their classroom every day to encourage social-emotional development. We usually don't think about the potential of these activities for promoting emotional growth, but all of them can be very helpful if caregivers provide the proper materials, structure and interaction with children during these activities. Next, three different commercial programs designed specifically to aid social-emotional development are described with advantages and disadvantages cited for each.

Before proceeding it is important to stress that a caregiver can choose the best materials and utilize all the best curricular ideas in the world but will not positively affect children's emotional development if her interactions do not give children attention, acceptance, approval and affection.

I. Non-commercial Activities

A. Art

1. The Social-Emotional Value of Art

a. Self-Expression. Art is an excellent medium for expressing feelings. Young children often can't put their feelings into words yet and need other means to express the intense emotions they experience.

1) For active children, art is a good outlet because it is motoric expression.
2) For aggressive children, art is a safety valve for feelings that would be dangerous expressed other ways. Children can let out their feelings of hostility by dabbing and scrubbing with paint, or pounding and tearing clay. Clay is unexcelled as a medium for destruction without guilt.
3) For withdrawn or timid children, art can be the first step toward free self-expression if there are no rules about how they are supposed to paint. Finger painting is particularly liberating for many inhibited children.

4) For children who are afraid of dirt and mess, artwork that involves the use of a tool, such as easel painting or pasting with a glue brush, is a good outlet without provoking a sense of guilt.
5) For the overcontrolled child, painting and clay offer a change to get the sensory gratification that comes from smearing and being messy.

b. Sense of Mastery. Art offers many opportunities for children to gain a sense of mastery. Controlling paint with a brush or with hand, molding clay and leaving an impression in it, or constructing something with wire or wood or fabric, all help children to believe in their own capabilities and to become more confident.

c. Social Skills. Art provides a good social setting, especially for inhibited or anxious children. Manipulating a lump of clay or smearing paint gives group membership without the direct pressure of the house corner or the yard. Artwork often encourages talk. It offers a low-key climate for expressing feelings, sharing ideas, and giving opinions. Other social skills are encouraged too. If there are enough materials available so that children aren't frustrated, sharing the materials, taking turns and cooperating on group projects can all happen easily.

2. Guidelines for Providing Art Experiences

a. Let the children know that artwork is for the pleasure of the experience. Don't give them the idea that it is for the sake of the product to take home or give to the teacher. Be process-oriented not product-oriented.

b. Keep in mind the developmental stages of children's use of art media:
1) Exploration and experimentation.
This is the stage when children paint on themselves and everywhere else.
2) Manipulation for sensory experience.
Next, children try all the different things they can do with clay or paint, just for the pleasure or the emotional outlet it provides.
3) Accidental creation of objects.
Children start to name what they have made when they discover that it resembles something familiar.
4) Intentional representation of objects.
Only after all the exploration and manipulation involved in the first three stages are children interested in and ready to intentionally create products.

c. Don't say "What is it?" Say, "Tell me about it." Value whatever children say as expressions of themselves. Be open to children's comments about their work and they'll let you know a lot about their attitudes, concerns and identity. Express appreciation of what children are experiencing, not of their products. Say, "It feels good to finger paint, doesn't it," or "You're making your own colors by mixing them yourself." Even well-intentioned compliments about something children make can prevent them from moving further.

d. Don't make models for children to copy and avoid coloring books and mimeos. These are stifling to creativity, self-expression and self-acceptance.

e. Set up the area so that children can be as independent as possible, helping themselves to brushes, paint jars and paper. Four-year-olds can work clothespins to hold their paper on the easel. Smocks that simply slip over the head and arms can be managed even by threes. Children's self-confidence is greatly enhanced by things they can manage on their own.

f. Provide for as much social interaction as possible by making art activities relaxed and comfortable. Put easels side by side so children can talk while they work. Use small tables so there will be only a small group at a time.

g. Don't overemphasize rules. The most important thing is for the children to enjoy art. Don't be strict about having the children who painted clean it up. Other children may get a lot of pleasure from the clean up.

h. When children use easel paints for messing purposes, rather than trying to get them to use the brushes "properly," provide finger paint or water play. If they use paints for mixing, make mixing acceptable with colored water or paint in muffin tins.

i. If possible, arrange the art area so children can paint whenever they want to. For some children it may be the only way to express the emotional experiences they are going through.

j. Provide the basic open-ended art activities as frequently as possible: finger painting, easel painting, clay, construction and collage. Vary them occasionally with toothpaste or cold cream for finger painting, or dough, paper maché, plasticine or snow for modelling. Try painting and finger painting on a table top or oilcloth, or in a pan, since it is the process not the product that counts.

k. Take advantage of this opportunity to observe the children. The way they paint and use clay, and what they tell you or other children about their work, can give you a great deal of insight into their concerns, their needs, their fears and their approach to life.

B. Dramatic Play

1. The Social-Emotional Value of Dramatic Play
Dramatic play is the most natural and beneficial means for children to work out their difficulties. It promotes all aspects of social-emotional growth by providing for children:

a. A means to express their pressing needs, feelings and concerns, by acting them out.
b. An acceptable outlet for unacceptable impulses, such as a desire to hurt a younger sibling or a need to rebel against parental authority.
c. A way to understand their experiences by playing them out over and over.
d. A chance to take other peoples' roles and thereby understand their relationships with others better.
e. An opportunity to fulfill their fantasies, and be what they wish they were: powerful or protected or brave.
f. A way of working out problems and experimenting with solutions by trying on different roles and kinds of behavior.
g. An intimate and personal means of communicating and cooperating with other children.

2. Guidelines for Providing Dramatic Play

a. Set up the dramatic play area to encourage boys' as well as girls' participation. Boys badly need to work out their family problems too.
   1) Have a variety of men's clothing, such as caps, jackets, boots, in quantities equal to women's clothing.
   2) Have props such as lunch boxes, tool boxes and wallets as well as dishes and purses.
b. Provide water play in combination with house play some of the time, and allow the children to wash dolls, dishes and clothes.
c. Put your hollow block area adjacent to your dramatic play area, so a whole variety of dramatic play is possible.

d. Provide lots of "babies," including wetting ones, and baby equipment: velcro-fastened diapers, bottles and doll-bathing appartus, to help children deal with their feelings toward their younger siblings.

e. Encourage group play by having two of a kind of each toy whenever possible: two beds, two telephones, two baby carriages.

f. Give children suggestions for getting what they want when they play:
   1) Encourage children who need to be more assertive to tell other what they want or don't like.
   2) Have children offer something in return for what they want from another child.
   3) Show children how to approach others with a suggestion of what they could be or do in the game, or by taking with them a prop that could contribute to the play, instead of just asking if they can play.

g. If children are unable to take turns, or if they exclude others from play, respect their feelings and needs. It is a mistake to try to change these behaviors without first changing the feelings that brought them about. We have to help each child feel liked and respected before the child can like and respect other children.

h. Encourage special friendships, even if they exclude others. Much confidence comes from a special friend--from being liked by an equal, sought after, and depended upon. A great deal of growth in social skills and in awareness of another's feelings happens, which enables wider friendships later on.

i. Before stepping in to settle a dispute, hold back and watch to see what is motivating each child. Consideration of each child's needs will make your suggested solutions more acceptable and helpful to children.

j. Take the opportunity to observe children as often as possible during their spontaneous dramatic play. It can give you a lot of insight into their emotional condition and needs, their family experiences and life outside the center, and the problems with which they are struggling.

C. Small Group Discussions with Books, Puppets, Stories and Songs

1. The Social-Emotional Value of Small Group Activities

a. Awareness
   1) Stories of all sorts--books, puppet skits, dramatizations, songs and poems--are excellent

means of increasing children's awareness, both of their own feelings, thoughts and behavior, and of others'.

2) Stories about other children's feelings and experiences help children realize that what is going on inside of them is like what other people feel.

3) Stories give children words for their feelings so they can understand them better and can express them to themselves and to other people.

b. Social Skills

1) Stories provide examples of successful ways of solving problems and show children other alternatives for dealing with their own problems. Children identify with the characters and grow with them as they solve their problems.

2) Stories show how one person's behavior affects other people's feelings and behavior and help children realize how their own behavior affects people.

3) Stories help children accept differences among people by showing how people are alike and different.

4) Stories encourage discussion, which is an excellent means of helping children verbalize their feelings and experiences.

2. Guidelines for Leading Discussions

a. Use storybooks, photographs, puppets, dramatizations, songs, finger plays, poems or anything else you can think of, to start discussion.

b. Plan open-ended questions to guide the discussion. For example:

1) "See how the child (or puppet or animal) looks. Can you make a face like that too?"

2) "How do you think the child feels?"

3) "Why do you think she feels that way?"

4) "Do you ever feel sad (or happy, good, angry, afraid, lonely, frustrated, grouchy)?"

5) "When?"

6) "What do you think the child ought to do since she feels so sad?"

c. Accept <u>all</u> answers. Encourage several different answers from different children for each question. Their answers provide insight into their feelings and understanding.

d. Give everyone a chance to talk.

e. Take a turn yourself too, describing a time that you felt afraid or angry, etc. Show that adults have the same kinds of feelings that children have.
f. Help the children remember the rule that everyone who takes a turn gets listened to.

3. Guidelines for Using Books

a. There is a wide range of children's books available. Therefore, it is important to spend time and thought in your selection. Some deal directly with children's experiences, feelings and problems. Many others do not. Both kinds can be equally valuable in promoting emotional growth if they are well written, illustrated and presented.
b. Sensitively written books about minority children and about girls in active roles are very important. We have to work especially hard to enhance the self-esteem of children who have accepted society's low view of their race, culture or sex.
c. Read with feeling. Know the book well so you can concentrate on the character's emotions instead of on reading the words. Dramatize the characters with your voice, facial expressions and gestures.
d. Read to small groups of children at a time, as much as possible, so the children will be able to talk fully about their own experiences and feelings. Large group stories are usually just listening times. Small group stories can be effective in promoting awareness and expression.
e. Try reading interspersed with comments to help the children identify with the characters, or focus on their feelings, or work out solutions to their problems.
f. Discuss stories after reading them as well. Flip back to key pictures in the book to help children understand your questions.
g. Examples of Using Books to Start Discussions.
    1) Are We Still Best Friends? by Carol Barkin and Elizabeth James.
        a) Two kindergarten-aged girls, who are best friends, have a tearful argument and then make up. Beautiful, sensitively done, color photographs.
        b) After reading the story aloud, show the appropriate pictures and ask discussion questions like:
            (1) "How did Ann and Cindy feel at the beginning of the story when they were playing together?"

(2) "Did you ever feel that way about a friend?" "When?"
(3) "What happened that made them cry?"
(4) "How did they feel after they argued?"
(5) "Did you ever feel like that?" "When?"
(6) "What happened that made them feel better?"
(7) "Did you ever make a friend feel better after a fight?"
(8) "Or did a friend ever make you feel better?" "How?"
(9) "What is another way that Ann could make friends with Cindy again, besides taking her milk to her?"

c) These are too many questions for one discussion time. Concentrate on different questions each time you read the book.

2) Sam, by Ann Herbert Scott.

a) Sam wants someone to play with, but is rejected by each of his family members and scolded for touching their things. When he breaks into tears they finally understand how he feels and involve him in a project. The family roles are very sex-stereotyped, but the theme of the book makes it worth using anyway. Beautifully drawn illustrations.

b) Possible discussion questions:
(1) "How did Sam feel each time someone yelled at him?" (Ask this for each family member.)
(2) "Did you ever feel rejected that way?"
(3) "Why did each person get angry at him?" (Ask about each family member.)
(4) "What could he do next time instead of touching someone's things, if he wants them to play with him?"
(5) "He was lucky, wasn't he, that his family understood what was the matter when he started crying so loudly. If they didn't understand why he was upset, what could he do?"
(6) "What could he say to tell everyone how he felt, and why he felt so bad?"

4. Guidelines for Using Puppet Skits

   a. Give simple puppet skits showing one puppet, or two, in situations that the children will identify with. For example:
      1) Loneliness and fear because of separation from their grown-ups.
      2) Hurt feelings because a grown-up or a good friend was angry with them.
      3) Fear of the dark, or dogs, or whatever any of your children fear.
      4) Jealousy of a younger sibling.
   b. This kind of short skit can be worked up pretty quickly whenever you think it might help your children deal with emotional experiences they are going through.
   c. Ask the children if they ever felt like the puppet did. Then ask for volunteers to come up and help the puppet feel better or tell the puppet what she could do to solve the problem. It works well to develop a puppet character or two to use over and over. Puppets which don't talk out loud are easier for some caregivers in this situation. While the puppet is whispering in your ear you have time to think of the puppet's response.
   d. An example of a puppet skit and discussion:
      1) "Look who's here--Teddy!" (Produce the puppet.)
      2) "Teddy! You look really upset! What's the matter?"
      3) "Look, he's crying." (Stroke his back comfortingly.)
      4) "Why do you think he's upset?" (Get different answers from the children.)
      5) "It could be a lot of reasons, couldn't it?"
      6) "Teddy, we don't know what's the matter unless you tell us." (Teddy whispers in the caregiver's ear.)
      7) "Aw, Teddy says he's very scared of the dark. He was in his bed going to sleep but it was very dark, and he was so scared."
      8) "Did you ever feel scared of the dark like Teddy?" (Get the children's answers.)
      9) "See Teddy, we know how you feel. Lots of people are scared of the dark."
      10) "What could Teddy <u>do</u> about being scared of the dark?" (Get children's ideas.)
      11) "Did you hear that Teddy?" Katie said you could get a night light (leave your door open, sleep with a dolly). Isn't that a good idea?" (Teddy nods as each child gives ideas. Then he whispers in the caregiver's ear.)

12) "Teddy says you all made him feel much better. You were nice to him and now he feels much better."
13) "Look, he's blowing you a kiss. Bye Teddy." (Wave.)

5. Guidelines for Using Dramatization

a. Guide the children in acting out familiar stories which deal with emotional experiences. Ask for volunteers for each of the parts or ask specific children to take parts which the caregiver thinks would benefit them. The rest of the group is the audience. Define the space where the story will be acted out and provide simple props and furniture for the setting. Four-year-olds and even threes can pantomime a story they know well while you narrate it. The children can say their own lines or you can say them for them if they are reluctant.
b. Try discussing the character's feelings, behavior and motivations before you dramatize them and see if the discussion helps children's characterizations. Other times, try having your discussions after the dramatization and see how acting a story out helps children understand and verbalize how the characters feel.
c. Dramatization, like the undirected dramatic play which children do naturally, helps children to see what it feels like to be in another person's situation and to try on a new way of behaving. It also gives them another good channel for expressing their own feelings.
d. Stories with enough action for the children to pantomime work best. A few suggestions are:
   1) Caps for Sale, by Slabotkina (anger and frustration).
   2) The Ugly Duckling, by Hans Christian Andersen (intolerance of others' differences).
   3) Sam, by Ann Herbert Scott (rejection by family members).

6. Guidelines for Using Songs

Use songs that deal with feelings or children's problems to increase your children's awareness and give them language to express themselves. Here are a few examples:

a. "If You're Happy and You Know It" can be used for as many different emotions as you can think of. In place of the word "happy" substitute "lonely,"

"frustrated," "grouchy," "scared," "angry," "sad," etc. For each emotion ask the children for ideas about what to do when you feel that way. Encourage answers both about expressing the feelings and about dealing with the situation. Get as many different responses as you can for each emotion, so the children's awareness of different behavior choices will be broadened. For example:

1) If you're sad and you know it, you can cry (twice)
   If you're sad and you know it,
   Then you surely ought to show it,
   If you're sad and you know it, you can cry
2) In place of "you can cry", the children might suggest "tell somebody," "hug your mommy," "call up your friend," "play with your dolls" or "read a book"--all of which could be good ways of expressing and dealing with sadness.
3) When you discuss and sing each answer this way, you will probably only have time to deal with one emotion each day.

b. The following song, "Love is Something", is a good for starting discussions about "How do you feel when somebody loves you?" "How do you know it when somebody loves you?" and "How do you think the other person feels when you love them?"

   Love is something if you give it away,
   Give it away, give it away.
   Love is something if you give it away,
   You end up having more.

   It's just like a magic penny
   Hold it tight and you won't have any,
   But lend it, spend it, you'll have so many
   They'll roll all over the floor, for

   (Repeat chorus "Love is something . . .)

D. Cooperative Games

1. The Social-Emotional Value of Cooperative Games

a. Everyone cooperates. The games are designed to encourage cooperation instead of competition. The children play with each other, not against each other. This promotes all the social interaction skills--helping others, working together, sharing, turn-taking, negotiating.

b. Everyone wins, no one loses. The games are designed so that no one is a loser, so there is no failure and no fear of failure. This is liberating for many anxious children.

c. Everyone increases their sense of mastery. Since no one is eliminated, everyone can keep working on mastering the game tasks involved.
d. Everyone is validated, not just the single winner. All the children affirm their confidence in themselves as acceptable, worthy people.

2. Examples of Games. (These games, from Orlick, The Cooperative Sports and Games Book, are reprinted at the end of this workshop.)
   a. "Cooperative Musical Hugs"
   b. "Cooperative Musical Hoops"
   c. "Choo-Choo Train"
   d. "Big Turtle"
   e. "Big Snake"
   f. "Blizzard"
   g. "Nonelimination Musical Chairs"

E. Additional Curricular Areas

1. Circle Time

   a. Give children a chance to be the leader for "Simon Says" or "Do What I Do." Children that are bossy need a constructive way to be a leader. Children that rarely lead in undirected play, may be able to in a structured situation.
   b. Provide chances for children to demonstrate a skill in front of the group. This is especially important for shy children, if they're ready to do it, or for children who have gotten a bad reputation that needs to be overcome.
   c. Play open-ended problem-solving games. These enhance self-esteem because there are no wrong answers, just many possible good answers. Examples:
      1) How many ways can you think of to get from one side of the room to the other without walking?
      2) How can you get the Legos if they are up on a high shelf and you're too little to reach them?

2. Creative Movement

   Creative movement is an excellent means for children to express their feelings. Like art and dramatic play it provides acceptable channels for aggressive urges and all other emotions. Like open-ended problem-solving games and discussions, it also enhances children's self-esteem because there are no wrong answers to a movement task. All solutions are acceptable and valued. It also promotes social growth through cooperative partner-work and group-work.

3. Gross Motor Activities

a. Children often feel more self-confident when they have mastered some physical skill--balance beam walking, broad jumping to a chalk line, somersaults on a mat, walking on tiptoes, etc. Help children who need it to succeed, unless they don't want help. For example, hold children's hands while they walk the beam or jump, and give a gentle push for a somersault. All these feats give children an increased sense of mastery.

b. Climbing equipment, especially versatile planks and ladders, offer children "dangerous" situations which they can control. This is especially important for children who are fearful or lacking in self-confidence. Encourage children to try new feats. Compare their progress only to their <u>own</u> former efforts, not to anyone else's.

c. When children get stuck on climbing equipment or a slide and call for help, don't just lift them down. If you "help" them that way, all feeling of mastery is lost for them. Instead, guide them with words like, "Put your foot down here. Hang on over here."

d. Try to get equipment for your center that encourages cooperative play--tricycles built for two to use together, rocking
for four, see-saws, carousels in which children have to spin each other, etc.

4. Water Play

Water play is very valuable for many children emotionally. For aggressive, active children it is often soothing, relaxing and absorbing. For anxious children it is non-threatening because it demands no special skill and involves no achievement goals. For inhibited children it is often freeing and stimulating. Like finger painting and clay, it is also an outlet for children's interests in body parts and functions. Water play provides another area in which children can gain a sense of mastery, through controlling a fluid substance. It provides a good social setting, too. For solitary or withdrawn children it is often the first area where social contacts are made. Cleaning and washing things with water is a valuable form of dramatic play which offers the opportunity for children to identify with grown-ups and do "real" work. Set up your area so everyone and everything is water-proofed, so as few rules as possible are necessary--then all the social-emotional values of water play will be available to your children.

5. Blocks

Block play offers a unique combination of creative expression and mastery for children. Children's creations with blocks are expressions of their feelings and concerns just as much as their creations in art or in creative movement. Blocks are important to some children as a part of their environment they can control. When they build skyscrapers and airports they may be gaining, in fantasy, over things that dwarf them. There is opportunity for expression and mastery both in the building of block structures and in the dramatic play that goes on with them. Just as with art, don't set patterns for children. If children have a model to follow, block play becomes an exercise in copying instead of an avenue for creative expression.

6. Woodworking and Cooking

Cooking and Woodworking are both very helpful in enhancing children's self-concept because they are adult activities. Children gain in self-confidence from knowing that they are trusted to be responsible about potentially dangerous equipment such as saws, knives and stoves. They gain a sense of mastery from becoming skillful with these adult tools. Their self-concept is enhanced also, if they find themselves capable in an activity that is usually assigned only to the opposite sex. With cooking, there is also the special opportunity for increasing the self-esteem of children from minority cultures through preparing and eating together foods that are specially theirs.

F. Special Activities which Promote Social-Emotional Growth

1. Photographs of Children

a. Make a display with a title like, "Look What We Can Do," with photographs of your children illustrating their skills--sponging a table, buttoning, brushing teeth, climbing, riding a two-wheeler, etc. Include all the children. If you can take a new photo and add to the display each time a child masters a new skill, it will enhance self-esteem even more. Be particularly aware of including as many pictures as possible of the children with little self-confidence.
b. Take individual candid portraits of all the children when they start in your room. Hang them on the

children's lockers as a means of identifying each child's space, or display them together with the child's name printed under each one. Clear contac paper makes them last longer.

c. Periodically, as children leave and new ones start, take a group photo, with adults included. It helps good group feeling develop to have a picture of all of you together.

d. Take your camera on all your field trips and get it out whenever anything special is happening in your room or your center--parties, special visitors, potluck suppers, etc. So much good follow-up discussion can be started by having photographs to look at later.

e. Try displaying the photographs side by side in the order that they happened. They can be taped on a hall wall or hung on string with clothespins as a "time line." This helps give children a sense of their own histories and growth.

f. Ask parents to send in baby and toddler pictures for each child. This can start good discussion about how much each child has grown and changed and how each has become more capable. It helps children deal with the frustration of being little to see how much more capable they are now than they used to be. It reassures them that they will continue to grow more and more independent and competent.

g. Take a movie, if possible, of your children at play. It is so ego-boosting to some children to see themselves in a real movie. You may have to show it over and over and over!

h. Try to catch on film all the instances you can of your children helping each other--buttoning another's jacket, giving a hug, lifting a plank together, etc. Photographs of cooperation are often reinforcing and encourage more cooperative kinds of behavior.

2. Tape Recordings

a. Tape each child's voice and listen to the recordings as a group, for children to identify each other. Like individual photographs, a tape recording can help improve self-esteem by knowing how each person is special and recognizable as herself.

b. By yourself, or with the children, make a tape of one word said with different feelings, then

listen together and identify each feeling expressed. Try saying "Oh" or "Come Here" or the name of a character in a story, with as many different emotions as you can.

c. Tape children's original songs and stories and keep them available for the children to listen to. This helps children know that songs and stories are something they can make up to express their own feelings and thoughts, not something that only grown-ups write.

3. Mirrors

a. With a small group of children, use of mirror for making faces in, to express different feelings. If you can talk about how people feel when they look each way, it increases children's self-awareness and sensitivity to others. It can be a game with other children guessing what emotion a child is showing after the child has practiced it in the mirror.

b. Hang a metal mirror near your climbing equipment so children can see their accomplishments--climbing so high, or doing hard tricks like hanging upside down.

c. Have a full-length mirror near your dramatic play area so children can see themselves transformed when they wear dress-up clothes, or masks, or face paint.

4. Field Trips and Visitors

a. Try hard, for all your field trips and visiting "community helpers," to find people in positions of authority who aren't white and male. Ask specifically for minority and female doctors, police officers, fire fighters, letter carriers, etc. We have to overcompensate to improve the self-concepts of children who have low self-esteem because of our society's prejudicies about their race or sex or culture.

b. Have parents visit to talk about their jobs, or go to their place of work. If possible, include an adult from every child's family during the year.

c. Have fathers, older brothers, grandpas or other male family members come in to help in the classroom. As often as you can, provide models of men in nurturing roles.

d. Have a nursing mother bring in her baby so that children can see the baby nursing, having it's diaper changed, playing, and being loved. Talk about how each one of them used to be a baby that was cuddled and fed like that too. By arranging pillows around the child on the floor you can safely give each child a chance to hold the baby. Talk about how, if they have a baby when they grow up, the baby will need them to love it and take good care of it.

4. Growth and Self-Concept Projects

a. Weigh and measure children periodically throughout the year. Make graphs of their heights and weights. De-emphasize comparisons between children. Instead, emphasize each child's growth in comparison to herself a few month ago. A separate graph for each child, recording her own height and weight changes, would be the most enhancing to self-esteem.

b. Ask parents to send in a jacket or long-sleeved shirt that their child wore last year. It is more meaningful to children than a graph can be, to see how much they have grown by the shortness of their sleeves.

c. When you do body-tracing, or the children's handprints or footprints, talk about how every single person is different. No one is exactly like anyone else, not even twins. Everyone is special.

d. Make "My Book is About Me" with each child. Include dictation from the children on "The People in my family," "What I Like to Do," "What I Don't Like," "My Favorite Things to Eat," "When I Was a Baby," "Times that I Feel Sad," "Times that I Feel Angry," "Things that Scare Me," "My Favorite Stories," etc. Have one topic on each page so there is room for the children to illustrate the pages if they want. The children will probably want to take their books home, so either photocopy them; or make them with carbon paper or on ditto sheets in the first place; or ask parents to send them back in after a few days. Then all the children will have their books in the classroom which they can add to all year, read over and over and ask you to read at story time!

II. Commercial Programs

A. "Duso"

1. Description

a. "Duso" stands for Developing Understanding of Self and Others. It is also the name of Duso the Dolphin, the central character in the program--a wise, friendly dolphin puppet who tells children stories and leads discussions with them about their feelings and behavior.
b. There are three main kinds of activities in the program:
   1) Stories with discussion afterwards about the characters' feelings and behavior,
   2) Puppet skits done with the children, and
   3) Role play situations for the children to act out.
c. The program comes as a kit which includes Duso and Flopsie the Flounder puppets, two storybooks, recordings of the stories and songs, six people puppets, puppet activity cards, role-play activity cards, posters, puppet props and a detailed Teacher's Manual.

2. Advantages

a. A great deal of planning is done for you. There is a story, a puppet skit, a role-play situation. and other suggested activities for each emotion or social situation.
b. The Teacher's Manual gives helpful, specific guidelines for leading discussions about feelings and behavior with young children.
c. The materials are thoughtfully designed. The storybooks are arranged so that a group of children can see the pictures at the same time that you can read comfortably. The people puppets are especially attractive and practical.
d. The illustrations and puppets are carefully designed so as not to be racially biased.

3. Disadvantages

a. The program is meant for kindergarten and older children. It can be used with preschoolers only if you are willing to spend time adapting it.

b. The materials are rather complex and you must do a good deal of preparation to become familiar with them.
c. The stories are adequate but not as well-written or illustrated as much of the children's literature available which deals with the same themes.
d. The materials are often sexist, reinforcing sex stereotypes and even exhorting girls to remember their place!
e. The cost is prohibitive for many centers.

4. Recommendations

a. Use with caution! Rewrite or omit the sexist segments. Use with children at least five years old or be prepared to revise the material considerably.
b. If you choose this program, borrow it if possible, or buy only parts of the kit. The recordings of the stories are an unnecessary expense.

5. Source: American Guidance Service, Inc.
Publisher's Building
Circle Pines, Minn. 55014
(616) 786-4343

6. Cost: $122.00 for the entire Duso D-1 Kit. Component parts may be ordered separately.

7. Note: The American Guidance Service has also recently published a program, this designed specifically for preschoolers, called "My Friends and Me." Call or write to AGC for their catalog.

B. "The Most Important Person"

1. Description

"The Most Important Person" program is a series of animated films designed to enhance preschoolers' self-concept. Each unit contains several films, a record of the songs from the films, posters, activity suggestions and discussion questions. The nine units are "Feelings," "Attitudes," "Getting Along With Others," "Identity," "Creative Expression," "Body Movement," "Senses," "Nutrition," and "Health and Your Body." A typical "lesson" involves showing the poster to motivate interest in the character's

situation, watching the film, using the follow-up questions to lead discussions, and doing suggested follow-up activities in music, art, language, and dramatics.

2. Advantages

   a. The themes of the films are excellent. They deal with children's real-life situations and concerns. Most of the films are good discussion-starters which can help children talk about their own concerns.
   b. The program is simple to use.
   c. The materials are not racially biased.
   d. The films are currently shown on Saturday morning television. Discussing them at your center can help children think about what they see on television.

3. Disadvantages

   a. The films vary in quantity. You should review them and screen out some.
   b. The Teacher's Guide is very brief. It is not very helpful on how to actually lead effective discussions with young children.
   c. The suggested follow-up activities are also very brief and they vary in quality. Some are too product-oriented for preschoolers.
   d. The cost is prohibitive for individual centers.

4. Recommendations

   a. Get ideas on leading discussions from other sources, such as "The Magic Circle," and make even better use of these films than their authors imagined!
   b. Use the films in combination with other activity ideas of your own, such as relating them to children's books.
   c. Borrow the film from a university library or a public school district if possible, or get together with other centers and buy a unit ot two jointly.

5. Source: Encyclopedia Britannica Educational Corporation
   425 N. Michigan Avenue
   Chicago, Ill. 60611

6. Cost: $2,595.00 for the entire program of 10 units, with 50 16mm films and a puppet kit.
   Individual units vary in cost from $172.80 for the three films and coordinated materials in the "Feelings" unit, to $403.20 for the seven films in the "Getting Along with Others" unit.

C. "The Magic Circle" or The Human Development Program

1. Description

In contrast to other programs for preschoolers, "The Magic Circle" involves no puppets, films, or other special materials. It is simply a pair of teacher's manuals giving a whole series of ideas for discussions with young children. The discussions and activities are designed to improve children's self-esteem, their awareness of their feelings and behavior, and their social interactions.

2. Advantages

a. The program is simple to use at the same time that it is based on sophisticated educational theory.
b. The cost allows virtually any center to own the materials.
c. The manuals give very helpful, detailed advice on how to lead discussions with young children.
d. The program focuses on the key to children's social-emotional growth in the classroom--how the adults relate to the children.

3. Disadvantages

For some teachers the absence of catchy songs, puppets and films might seem a disadvantage, but the program can easily be used in combination with other programs such as "The Most Important Person," which do have these materials.

4. Recommendations

a. Take advantage of this program!

b. Read at least the short section on "Leading the Circle Session" in the theory manual before starting discussions with your children. Other sections of the theory manual can be read later, as you are interested.

5. Source: Human Development Training Institute, Inc.
7574 University Avenue, Suite 23
La Mesa, Calif. 92041
(800) 854-2166

6. Cost: $9.95 for the Magic Circle Preschool/Kindergarten Activity Guide.
$7.95 for the Methods in Human Development Theory Manual.

Suggestions for Presenting the Workshop

1. The materials in this section can be the basis for just one workshop or for a whole series of workshops. A simple way to divide the material is to present all the commercial programs at one workshop and one or more non-commercial activities at each of several other workshops. You will probably want to concentrate on only a few of the non-commercial activities, depending on the center's needs.

2. Display a chart at the beginning of the workshop listing the commercial programs you intend to demonstrate and all the non-commercial activities you want caregivers to be aware of as useful ways of promoting children's social-emotional growth. Covering up the chart of non-commercial activities, except for its title, is a good method for catching attention and making your audience wonder what could be on the list. Revealing the list of ordinary, everyday activities later will help make the point that social-emotional growth is not fostered through separate activities, but through everything we do with the children.

3. As an introduction to the workshop, engage the participants in thinking about social-emotional growth. Ask one of the following sets of questions, or ask questions of your own, and list the participants' answers on newsprint or a chalkboard.
   a. What do we mean by social-emotional growth? Imagine a child that is socially and emotionally very mature. What would she be like?
   b. All of the programs and activities we are going to talk about have the common goal of promoting children's social-emotional growth. What kinds of behavior do you expect them to aim to promote?

   Accept all answers and ask participants to keep them in mind as you discuss the activities. After some or all of the activities you present, you may want to ask your participants to consider specifically how the activity is beneficial for children.

4. Caregivers can be actively involved in the workshop through participation in the activities as well as through discussion. For the commercial programs and some of the other activities it works well to have the caregivers take part as children while you model ways of leading the activity.

5. Display the materials for the workshop so that caregivers can look them over and try them out before and after the workshop.

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(Available at Logos Bookstore)

Sample Games from The Cooperative Sports & Games Book by Terry Orlick*

Big Turtle. A group of about seven or eight children get their hands and knees under a large "turtle shell" and try to make the turtle move in one direction. A gym mat works fine as a shell; use your imagination for other materials, such as a large sheet of cardboard or plastic, or a blanket, tarpaulin, or mattress.

When we first tried this with five-year-olds, the children all moved in different directions and the turtle shell dropped to the floor. But before long they realized that they had to work together to get the turle to move. When we first tried this with four-year-olds, as soon as the shell was placed on their collective backs, the children all lay down and curled up. After carefully explaining to them that they had to stay on their hands and knees if the turtle was to move, we heaved the shell upon their backs with great gusto. They all lay down. We weren't ready to give up yet, so we tried having the turtle move around without its shell (collective crawling in one direction). This worked fine. I thought to myself . . . this time when the shell is moved into place, it's for sure going to work. It didn't! I thought about bringing in a real turtle to let the kids watch it and follow it, or making an authentic-looking turtle top out of some light stuffed material. But before I could turn these ideas into action, these little four-year-olds got the idea of Big Turtle working beautifully.

Six- and seven-year-old children can have fun trying to get the turtle to go over a mountain (a bench will do) or through an obstacle course without losing the shell. Five-year-olds also enjoy playing this game with the themes of "the tortoise and the hare"; as in the fable, the tortoise follows a straight line and the hare (three little people hopping together) zigzags all over the place.

Big Snake. Did you ever see a little people's snake that wiggles and squiggles and hisses its way across the forest? If not, then you'd better let your children introduce you to Big Snake. The children start by stretching out on their stomachs and holding the ankles of the person in front of them to make a two-people snake that slithers across the floor on its belly. They soon connect up for a four-people snake, an eight-people snake, and so on, until the whole group is one Big Snake. At various lengths, the children like to see if they can turn the whole snake over on its back without its coming apart. The snake can also go over "mountains," through "holes," or up "trees," or may curl up and go to sleep. It takes a coordinated snake to do these last two feats. What children seem to enjoy most is getting the whole snake together.

After eight months of making a Big Snake, our kindergarten children now have a performing snake that can do tricks like rolling over and standing up.

Blizzard. With practice, this game creates excellent communication between children. Two children are lost in a snowstorm (or sandstorm) and are trying to get back home. One of the children is "snow-blind" and the other can see. The objective is to lead the snow-blind friend (who has his eyes shut or is blindfolded) through the blizzard (obstacle course) to safety. In pairs, the children go through a snow tunnel (hoop), under an ice log (bench), over a partially frozen river (small mat), and across a snow bridge (bench). Partners hold hands or link arms and try not to let go "so no one gets lost alone in the storm." Once they reach "safety," the partners can switch roles.

One kindergarten teacher commented, "My children love this one and have real empathy for the blind person. Once the stage is set, they demonstrate a gentleness that I don't see in other games."

For additional challenge (or older groups) the children can attempt to direct their partner through the course safely by talking to her, by singing to her, or by a special code other than talking or holding hands (for example, clap hands to move one way; tap on shoulder to step up; or snap finger, hum, or use a musical instrument for special instructions). Children can also lead their partner around a pool (in water) by a code the two have devised, or without speaking try to teach their partner to do some designated task. For kids who like more "modern" plots, the blizzard story could be changed to something like "control tower to pilot." The pilot cannot see because of heavy fog. The objective is for the controller to direct the pilot safely through various obstacles and onto the runway.

Nonelimination Musical Chairs. The object is to keep everyone in the game even though chairs are systemically removed. As in the comparative version, music is played, and more and more chairs are removed each time the music stops. In this game, though, more and more children have to team up together, sitting on parts of chairs or on each other to keep everyone in the game. In the end, all

twenty children who started the game are delicately perched on one chair, as opposed to nineteen disappointed children standing on the sidelines with one "winner" on one chair.

If you happen to play this game in a park and there are no chairs available, people on their hands and knees can serve as singing chairs. Together they can decide when their music will stop, and as human chairs are removed, they merely join the other group (sitting).

Cooperative Musical Hugs. The kids call it Hugs, and it's a perfect warm-up exercise to open a cooperative play session. Zesty music is played while the children skip around the room. When the music stops, each child gives someone else a big hug. The music then continues, and the kids skip around again (with partners, if they want). The next time the music stops, at least three kids hug together. As the game goes on, they make a bigger and bigger hug, until finally all the children squish together in one massive musical hug. This is a wonderful way to make shy children feel good.

Cooperative Musical Hoops. This is a good activity for introducing the idea of working together to very young children. The hula hoops provide a structure within which two or more children can play together, and because of this we found the hoops to be a very effective means of promoting initial cooperation among three- and four-year-olds. To begin, the group divides into pairs, with each pair standing inside a single hoop. Each child within the hoop holds up his or her portion of the hoop (usually at waist or shoulder level). Music plays while the children skip around the room, staying inside their hoop. In order to do this, the two children must move in the same direction and at the same pace. Each time the music stops, children from two different hoops team up together by stacking their hoops together and getting inside them. This process continues until as many children as possible are all together inside (and holding up) as many stacked hoops as possible. The game generally ends with about eight children in one hoop.

Cooperative Musical Hoops can also be played *like* Cooperative Musical Chairs. In this case the hoops remain stationary on the floor and the children skip around them, jumping inside when the music stops. Each time the music stops, a hoop is removed and all the children work together to ensure that everyone (or some part of everyone) becomes part of the remaining hoop(s).

Incidentally, if your local department store no longer has hula hoops, they can often be ordered through sporting goods stores.

Choo-Choo Train. The five-year-olds never seem to tire of this one. Two or more children form a train and chug around the gym maintaining contact by keeping both hands on the hips (or shoulders) of the child immediately in front of them. Cars begin to link together until there is one big train moving in unison. The conductor (teacher or child) can see if the train can go up a steep hill really slowly, swoosh down the hill, go backwards, get the cars really close together, make train noises, squat down to go through a low tunnel.

Understanding Children's Behavior

Mimi Harris

I. THE WORKSHOP

Workshop Objectives

To illustrate that different children may exhibit the same behavior for different reasons.

To present a systematic method for assessing children's problematic behavior.

To stress the importance of careful observation of children in order to understand their behavior.

To provide examples of observation check lists of children's social and emotional behavior.

To stress the importance of caregivers having knowledge about the child's life at home.

To provide a model of a health and developmental intake form which systematically gathers important information about the child from the parents.

To stress the importance of caregivers being aware of the social and emotional needs of children.

To provide resource articles and a bibliography to aid caregivers in increasing their knowledge of the social and emotional development of children.

Understanding Children's Behavior

I. The Meaning of Behavior

The same behavior can have very different origins and meanings for different children. You would therefore deal differently with the behavior depending upon your theory as to its cause. Since there is no universally "right" meaning for given behavior, and since different explanations may be applicable to different cases, caregivers must consider many factors to determine the meaning of behavior they see.

A. Example: Think of three preschool children, each showing the same disruptive behavior--throwing blocks.

1. The child's behavior could have come about by conditioning. Every time she behaved that way she was rewarded or reinforced for it. Maybe the child's mother distracted her by giving her a cookie or perhaps the teachers really paid attention to her when she exhibited that behavior. Whatever the case the undesirable actions got reinforced.

2. The second child's disruptiveness expresses some kind of emotional stress. Perhaps the child is trying to cope with anxieties or fears which have a long but unknown history. Maybe her home is emotionally tense or confusing. Being in day care may have flooded her with apprehension about separation from her mother. Possibly the behavior has been reinforced, but that is a secondary cause of its occurrence.

3. The third child's behavior is due simply to lack of socialization. She just may not have been taught more appropriate behavior.

B. Obviously, your treatment strategies would be different for each child.

1. Behavior modification would be appropriate for the first child. The reinforcing event which has followed disruptive behavior could be withheld and more desirable behavior reinforced.

2. For the second child, appropriate opportunities to "work out" fears and tensions should be provided. In addition, adults should acknowledge and reflect the child's feelings.

3. For the third, adults might inform the child of acceptable behaviors and suggest a simple course of action. Or they might suggest alternative solutions if there is a problem at hand.

II. Assessing the Problem

In order to find an effective plan for dealing with difficult behavior, the caregiver needs a systematic method for assessing the factors involved in the behavior. She must know specifically what she wants to change and what the logical target is for effecting change before she begins an intervention strategy. Systematic assessment might proceed by determining the following:

A. Is there a problem?

1. For whom does the behavior constitute a problem? The child? Peers? Caregivers?

   a. If the behavior presents a problem for only one caregiver, that person might want to examine her feelings about that child or the behavior.
   b. Not every behavior is a legitimate target for change. If the behavior is neither harmful to self or others nor generally considered objectionable, accept it as part of that child's individuality.

2. Are behavioral expectations realistic in light of the child's development? This determination requires a knowledge of child development.

   a. For example: Caregivers do not expect a child to move directly from using single nouns to saying complete sentences using five different parts of speech. It is equally important to realize that a child's ability to share develops step by step over time.

   b. Caregivers need to have some knowledge of the kind of fears generally experienced by preschoolers to determine if a child's fears are cause for concern.

c. The stages of moral development need to be understood so caregivers can avoid setting unrealistically high standards for children.
d. Caregivers need to be aware of both the sequence of physical and cognitive development as well as individual levels of development. This is important to prevent placing children in unduly stressful situations.

B. Are there clues about the origin of the problem?

1. How much opportunity and experience has the child had to learn more appropriate behavior? Maybe she is an only child and has not had much opportunity to socialize with peers. It is important to know the number, sex and ages of child's siblings and her previous social experience.

2. The origins of the problem may not be social or emotional but health related. For example: a hearing problem can make a child appear disinterested, listless, definat or "spaced-out." It is not uncommon for a child to have intermittent hearing loss which can produce erratic behavior patterns.

3. Much behavior in young children is transient and so does not warrant much concern. Incipient illness is a frequent source of loss of emotional control. Approaching holidays are notorious tension-inducers.

III. Look at the Behaviors

In the beginning the caregiver may have just an uneasy feeling something is wrong. This is valid but the next step is to observe the child and jot down anecdotal notes until you can describe the specifics that caused your concern. <u>There is no substitute for careful observation</u>.

A. Try to observe <u>how</u> often behavior occurs, <u>when</u> it started, and the <u>intensity</u> of the behavior.

B. Describe the problematic behaviors in specific terms, not inferentially. Inferences are value laden and not diagnostically useful. Also in discussions with parents, descriptions of behavior are less threatening and more constructive than labelling a child.

Example: "Mary grabs other children's crackers at snack time," rather than, "Mary is aggressive."

C. What are the antecedents of the behavior? Who or what triggers it and when? What time of day does it usually occur? It is important to look at the structure or routine of the day. Sometimes simple changes in the environment can "solve" a problem. Sometimes antecedents may be clear to you. More often close observation is needed. If you discover behavior always occurs around transitions, the solution may be as simple as an extra warning for the child before an activity is to change. Does the child always act up thirty minutes before snack? Maybe she gets hungry early and a small pre-snack would help.

D. What are the consequences of the behavior? What happens right after the behavior? Is there a pay-off for the child? How do other children respond? What is the staffs' usual response to the behavior? Does the child always get the goodies or toy when she grabs from another child? Does she go after the vulnerable children so the other children always cry? Is she rewarded for her behavior with a special "close" time with the teacher?

IV. Observing the Child at the Center

A. What are the child's prevailing moods, attitudes and behaviors at the center? Is she generally sullen or unhappy? The specific problematic behavior may be indicative of a more general problem.

B. What are her relationships with other children?

C. What are the child's behavioral strengths?

1. We can be so focused on negative behavior that it is hard to see the child's strengths.

2. We cannot reinforce positive behavior until it is identified.

3. It can be helpful to use a checklist from time to time in observing a child. (Model checklists are included in the "Resources" section of this module.) A checklist forces you to spend time in comprehensive observation and may put difficult behavior in perspective.

D. What is the teacher's general attitude toward the child? What feelings does the child trigger in the teacher? Through what "framework" is the teacher viewing the child? Although a caregiver may not understand why a particular child sets her off, she usually knows when it happens. Asking a co-teacher to work more with the child may ease a problem situation. Caregivers should learn to utilize each other's strengths.

V. Learning about the Child at Home

Learning about the child at home should not begin when a problem arises. A "problem" needs to be discussed in the context of on-going communication between the center and parents. This allows each to have a better knowledge of the child and increases the child's sense of continutity between the home and center.

Parents and caregivers share knowledge about the life of the child in a number of ways: parent-caregiver conferences; informal face-to-face contact; telephone communication; the parent handbook; intake forms; newsletters; parent meetings; parent visits to the center; home visits by caregivers; and caregivers' knowledge of and respect for different cultural backgrounds.

To learn about the child at home, caregivers should discover:

A. What are the family's norms and expectations for the child?

1. Are they very different from those at the center? One person can see behavior as aggressive where another person views it as assertive.

2. Caregivers may need to clarify for parents the center's expectations for children's behavior. Ideally this occurs before a child starts at the center by individual interview and/or through parent group orientation and the center handbook.

B. What are the child's prevailing moods and attitudes? Is the picture at home consistent with the picture at the center? Often the group setting produces stress in a young child causing behavior which is strikingly different from that exhibited at home. Caregivers learning about two children who are very, very, quiet at the center may find that one shows similar behavior at home while the other talks continuously at home. This is important information for caregivers to have.

C. When caregivers are concerned about problematic behaviors, information from the home may be especially helpful.

1. Does the problematic behavior occur at home?

   a. If so, under what conditions?
   b. How do the parents respond?
   c. How similar is the response at the center and at home?
   d. If behavior does not occur at home, the day care environment needs to be studied closely.

2. Are there particular stresses in the child's life that coincide with the problematic behavior? Any change, any situation for which a child has no experience, can produce extremes in behavior. Changes may include such things as: attending day care; the death of a pet; moving, even to a new bedroom; a change in the child's parents' life, like attending school or going to work, a new baby, divorce or marriage.

IV. Setting Goals for Change

A. Make the goal a specific rather than a general behavior you would like the child to exhibit.

   Example: "Sits still for one short group story" rather than, "Is more attentive in group activities."

B. If possible, state the goal as what the child should do, rather than what the child should not do.

C. Don't be too ambitious. Caregivers will feel more successful and will feel the child is more successful if goals are small.

VII. Formulating a Plan for Intervention

A. After assessment has been completed, a plan for intervention should be made. The intervention can range from giving a child an extra reminder before transitions to referral to an outside agency.

B. All people dealing with the child at the center should know the plan and be clear about how to implement it. When appropriate, the plan should be arrived at jointly with the parents.

C. Give the plan a thorough try. Too often a plan is dropped before being given a real try.

D. Re-evaluate the plan after a reasonable period of time. If it is not working, go back to the drawing board.

Suggestions for Presenting the Workshop

1. At the start of the workshop or after the presentation on "The Meaning of Behavior," the leader can present problematic situations that might occur at a day care center.

   Examples:

   a. A child who constantly graps other children's toys, paints on their paintings and interrupts dramatic play in the housekeeping area;
   b. A child who kicks other children during story time but who otherwise has very acceptable behavior;
   c. A child who has previously been toilet trained who starts to have accidents in the center.

   Ask the group to brainstorm types of information they would want to have in each of the situations.

2. In most groups, a large number of factors will come out of brainstorming. The leader can point out:

   a. The group has really come up with most of the factors to consider when trying to assess a problem;
   b. As a staff you have the resource to deal effectively with most behavior that occurs;
   c. Caregivers know their children and have access to the information they need to assess most problems.

3. The leader can then demonstrate how most of the points the group came up with clusters around four areas:

   a. Whether or not the behavior is a problem;
   b. The behaviors and circumstances which surround the problem;
   c. The child's general behavior in the center;
   d. The child at home.

4. Allow ample time after the presentation for a discussion of actual situations caregivers are dealing with. It is better to discuss a few situations in depth than many briefly.

5. If possible, have members of the group point out information that is missing.

6. Help caregivers set specific goals for getting missing data. These might be setting up a specific schedule for observing a child, using a checklist when observing behavior, or setting up a conference with parents.

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II. RESOURCES

Chart of Social-Emotional Development

AGE	Personal/Social (Erickson)	Moral Judgement (Kohlberg)	Sexuality and Body Awareness (Gesell)	Impulse Control	Social Interaction with Peers
0 ↓ 1	Trust vs. Mistrust Task: To be able to count on physical & emotional comfort. To be able to count on presence of comforting persons.	Completely egocentric No moral concepts	Finds touch and oral stimulation a source of gratification. When clothes are off, handles genitals.	Now is only important time. Can't tolerate frustration.	
1 ↓ 2½	Autonomy vs. Shame Task: To respect her/his own efforts at mastering his/her body. To explore the world safely.	Egocentric Hedonism Fear of punishment	Conscious of own sex organs--may handle them. Shows interest in watching others in bathroom or undressed. Distinguishes boys and girls by different postures when urinating. Shows interest in physiological sexual differences. Notices that males have penises, females do not.	Withdraws passively when intruded upon or Defends self with physical aggression.	Plays near other children, not directly with them. Interpersonal relations dominated by taking. Treats other children as objects.
2½ ↓ 6	Initiative vs. Guilt Task: To begin regulating his/her own behavior. To try on a variety of adult roles and behaviors by imitation. Industry vs. Inferiority Task: To begin to master skills needed by adult in 'society' To gain notion that s/he has competencies.	Pre-Moral Stage Believes act is good if it produces good results, bad if it produces bad results. Judges goodness or badness of an act by amount of reward or punishment it gets. Deals with consequences of acts, not motives. Acts are viewed as either totally right or wrong. Early Conventional Morality Want to please other people. Just beginning to internalize standards of significant persons.	Verbally expresses interest in physical sex differences/different postures for urinating. Girls make attempt to stand while urinating. Exhibits desire to look/touch adult body parts, especially women's breasts. Expresses general interest in babies--what do they do, where do they come from, where were they before. Demands self-privacy but curious about others' bathroom activities. Questions how baby is born. May think birth is through mother's navel. Questions how baby gets in and out of mother's body. Interested in parent's babyhood, having a new sibling, having a child themselves. Asks questions about testicles (boys). Asks factual questions about birth. May show interest in father's reproductive role.	Defends self with aggressive language. Can sacrifice immediate satisfaction for promise of later privilege. Resolves peer conflict with language. Shows good ability to delay gratification.	Will not share with other child, but will find toy substitute for him/her. Has difficulty playing with more than one child without direct supervision. Can share objects. Shows sympathy in response to bandages, crying, accidents. May have imaginary friends. Plays well with other children. Aware of attitudes and feelings of peers. Sensitive to social situations. May have special playmate.

Observation of Social and Emotional Development
Developed with the Staff of
Washtenaw Community College-Children's Center

Emotional

	Date Observed				Comments
Self Awareness					
1. knows name					
2. knows body parts					
3. knows family members					
4. knows gender identity [knows he is a boy like father or other men and that he is different from girls and mothers] (vice-versa for girls)					
General Attitudes					
1. appears happy and energetic					
2. shows enthusiasm for new activities					
Self-Esteem					
1. verbalizes being pleased with self					
2. indicates self-satisfaction through body language such as smiling, laughing, jumping, demonstrating a behavior or product					
3. verbalizes personal abilities, limitations and characteristics					
4. exhibits self-acceptance of personal abilities, limitations, through art work, body-language, and dramatic play					
Trust--Autonomy					
1. seeks help from adult when in need					
2. seeks help from other children when in need					
3. attempts to solve problems before seeking help					

4. makes choices when several alternatives are presented					
5. independently chooses toys or activities in structured setting and begins to play					

Self-Management

1. is able to predict the consequences of own behavior					
2. finds appropriate channels for meeting own needs and expressing strong emotions					
3. carries out acceptable rules, tasks and requests of others					

Self Care

1. is eager to master self care activities					
2. spontaneously carries out lunch routine in his/her room					
3. can identify and locate his/her clothes					
4. accepts responsibility for own belongings					
5. goes to toilet unassisted					

Social

General

1. is accepted by other children					
2. accepts similarities and differences in others					
3. is able to listen to adults					
4. is able to listen to other children					
5. takes leadership role					
6. takes follower role					

Emotions and Empathy

1. displays emotions appropriate to the need and situation					

2. is able to recognize and verbalize his/her affective experience					
3. recognizes causes of familiar emotional responses					
4. shows empathy for and awareness of feelings, needs and desires of others					

Respect for Others

1. is able to wait for turn					
2. is able to share with others					
3. does not interfere with others' privacy, self-expression and space					
4. accepts group decisions					
5. does not physically or verbally abuse others					
6. offers help to other children upon adults' suggestion					
7. offers help to other children spontaneously					

Play Behavior

1. observes other at play					
2. plays alone					
3. plays side by side with no interaction					
4. plays with others without having a common goal					
5. plays with other(s) having a common goal					

Rate

0 - attribute absent
1 - attribute occasionally demonstrated
2 - attribute frequently demonstrated
3 - attribute usually demonstrated

*Behavioral Assessment Checklist for Preschool Children

Directions: Put a check (√) in appropriate column to indicate frequency for this in each item.

Section 1 Social Relationships With Adults	often	sometimes	never	not appropriate
relates physically around times of positive affect				
accepts physical comfort in times of negative affect				
relates with language to express needs				
engages in conversations				
speaks in sentences (at least five words)				
With Peers relates physically in times of positive affect				
accepts physical comfort in time of negative affect				
relates with language to express needs				
engages in conversations				
Section 2 Impulse Control withdraws passively when intruded upon				
defends self with physical aggression (bites, kicks, strikes, etc.)				
defends self with aggressive language (swearing, bathroom talk or scapegoating others)				
resolves peer conflict with language or social means				
Section 3--Play Ability Sensorimotor Play engages in sensorimotor activity with most large climbing equipment				

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	often	sometimes	never	not appropriate
Construction				
engages with confidence in various media (fluid-structured)				
engages in controlled snesori-motor-activty with media, with no product				
draw or paints lines and circles				
names his painting or drawing products				
produces five or more recog-nizable symbols in drawings or paintings				
produces products with peers				
Symbolic Play				
plays symbolically (micro) in isolation				
does parallel symbolic play (micro or macro)				
Social-Dramatic				
1. does imitative role				
2. makes believe with objects				
3. persists in SD for five minutes or more				
4. does interact with peers				
5. uses language to maintain play				
Section 4--Critical Times				
can separate from parent and engage in play				
enjoys eating most foods				
appears relaxed at snack				
accepts comfort at rest				
is usually able to relax				
is able to be a member of a small group for five minutes or more				
reunites well with parents				

Supporting Children's Needs*

. . .As with many human traits, the child's level of achievement of positive characteristics during a given stage is never absolute, but a matter of degree. This means that almost all children carry some of the negative aspects of each stage with them as they move on. All of us carry with us some mistrust, some doubts, some guilt, and some inferiority feelings. And, in the same way as with other developmental phenomena, we find different children moving through the levels at different speeds.

These points are important because they make clear to us how complicated our job really is when we are working with young children.

We face the following problems:

1. To support the needs of the child in a way that is appropriate for his level of social and emotional growth;
2. To assess the child's general level of social and emotional growth from his behavior in a variety of areas;
3. To be sensitive to lapses in level when the child is under stress;
4. To do all of this for the different children in a group when we are teaching.

Teachers who work with groups of young children cannot do therapy in the technical sense of the word. Even if they had the skills they do not have the opportunities that extended contact with only one child at a time permits. The most skilled psychiatrist or psychologist would be hard-pressed to gain much information about a child while supervising a room full of active three-year-olds engaged in climbing, block play, fingerpainting, and play at a water table. There are, however, ways in which support techniques can be incorporated into any on-going program. Support techniques can be built into the overall program, available to all of the children all of the time. Or, they can be a part of the special attention given to individual children on those occasions when it is needed.

First, let us examine ways in which support can be provided by overall program on stage-by-stage basis. Note, however, that it is important to provide support for tasks at several different stage levels because children never fully master any given level and often drop back under stress. Many of these support areas are already well accepted standard practices.

Stage	Ways of Providing Support Through Overall Program
Basic Trust versus Basic Mistrust	Provide consistency in adult personnel so that children have one or several principle caretakers who are already present. Program carefully to meet children's physicial needs--rest, exercise, food, etc.

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Autonomy versus Shame and Doubt	Set up program and physical plant so that the child has a maximun of opportunity to regulate himself successfully in toileting, dressing, eating, and other areas of self-care. Design the environment so that child can move about within it and explore all of it as freely as possible. (i.e., minimize the number of things a child cannot touch and the number of areas from which he is excluded.)
Initiative versus Guilt	Rules should be at a minimum, and as clear and simple as possible. Rules should be presented as necessities and not as adult demands. Interaction with other children should be encouraged, for the child needs to explore social realities as well as physical realities. However, the children must be supervised and protected from highly negative contacts. Children need ample opportunity to try-on a multiplicity of adult roles and to have contact with many different kinds of adult role models.
Industry versus Inferiority	Many different skill building activities at many different levels should be provided so that each child will find things to do in which he is interested and in which he can experience success. Mass drills and learning activities in skill areas should be avoided because they inevitably cause some children to suffer by comparison. While it may be inevitable that children will face this situation later in their schooling, they will be doing so when they have more cognitive and social tools for meeting threats to their self-esteem.

It is not as easy to provide guidelines for dealing with individuals as it is to provide them for dealing with groups. With groups we deal with a predictable range of normal behavior and expectations. When we discuss aiding individual children we must deal with the unpredictable, and with complex patterns of behavior.

The needs of children at the various stage levels give some brief indication of areas in which individual support may be required. Some of these areas are familiar ones at the early childhood level. The areas are outlined. Some specific techniques, particularly those involved in supporting self-control, will be dealt with in more detail later.

Stage	Areas in Which Individual Support May be Needed
Basic Trust versus Basic Mistrust	Aid in making the changeover from familiar surroundings to unfamiliar surroundings (i.e., home and mother to the day care center).
Autonomy versus Shame and Doubt	Encouragement and acceptance of children when they fail in their efforts at mastery over their own bodies (in eating, elimination, locomotion, etc.) Encouragement and individual guidance for the child who is fearful of exploration, or who is hesitant to try out his physical capabilities.
Initiative versus Guilt	Support for the child's effort in gaining control over his behavior. Protecting the child from the consequences of loss of self-control.
Industry versus Inferiority	Encouragement, by constant reinforcement and praise, of all the child's efforts in a positive direction. Intervention, where necessary, to prevent a child from setting too unrealistic a standard or set of expectations for himself on any given short-term task. (You can encourage a six-year-old to become a master carpenter some day when he grows up if that is what he desires, but it is necessary to guide him away from his expectation that he will build an elaborate desk for his mother this week.)

It was noted in the outline on ways of providing individual support that it is necessary to aid in the child in establishing self-control, particularly during the preschool years when he is struggling to gain a degree of mastery over his highly impulsive behavior. Since the normal child at this level has a high interest in gaining control, loss of control is threatening to his self-esteem. The best time to intervene then, is before the unwanted behavior happens. This is not as impossible as it sounds. Many times children become restless before they behave wildly. Often there are threats or squabbles before there is hitting. There are frequently signs of apparent frustration and anger before there is an outburst of temper or aggression. There are several techniques which focus on intervention

before the child's behavior goes beyond acceptable limits. The most obvious of these is a signal from the teacher, a quiet verbal or non-verbal reminder such as repeating a child's name or giving him a shake of the head. This technique involves minimal adult intervention. The child is aided in maintaining his self-control and his self-esteem remains high. No criticism of the child is necessary. However, such a technique is totally useless when the behavior to be halted stems from strong emotions or from ongoing dissatisfaction with an uncomfortable situation. For instance, a group of kindergarten children has been sitting on the floor for half an hour listening to a student teacher explain about the parts of plants. As the half hour mark passes and she continues on they become restless, wriggling and whispering to each other. The young women looks at the group and says "shh." The children quiet and she continues her talk. Immediately the group becomes restless again and she repeats "sh." After 15 minutes and a hundred more "shh's" very few of the children are sitting quietly or paying attention to anything that she says.

One powerful way to aid a younger child in gaining self control is through the physical promixity of the teacher or other adult. This can be seen many times in day care and school settings. Two squabbling boys, on the verge of a physical battle quiet when the teacher moves near them. Restless children listening to a story settle down when an adult sits beside them. A touch or pat often eases the fury of a child struck by another. While these reactions may be considered due in part to the fact that the adult is seen as a person who hands out punishment for wrong behavior, the child's reaction is not based entirely on this implied threat. Young children identify strongly with adults and, as we have already discussed, incorporate the values and actions of adult models. The physical presence of an adult aids them in this process. This technique becomes less powerful as the child moves on through the elementary school years and turns more and more to his peers for models.

Sometimes a child walks in with a big chip on his shoulder. With older children it might be possible to aid the child in verbalizing his anger and clarifying his reasons for anger. Such a course is nearly impossible with angry pre-schoolers and very difficult with children in the primary grades. A good program for young children provides opportunities for the child to relieve the tensions of anger physically. Things to punch, hit and pound are an aid. Play dough and clay can take a good whacking. A punching bag or punch ball might be specially provided, or a doll set aside just for hitting. (Naturally the doll used for this purpose would have to be special and not one of the dolls regularly in the doll corner. It would not be wise to convey the notion that you can hit just anything).

The foregoing kinds of action assume the situation is well within bounds, but often, particularly with young children, reactions are so swift and extreme that there is a violent emotional outburst before the adult can intervene. Loss of control is a defeat for the child who is struggling for mastery over his behavior. Children who reach extremes such as temper tantrums or aggressive fury must be protected from themselves, as well as other children being protected from them. When the situation reaches such a level either restraint or removal is necessary. In either case, the action to be taken must be protective, not punitive, and must be managed without scolding

or rough handling. No amount of arguing, shouting, or shaking is going to reach a young child berserk with anger. To try these things is not only futile but also increases the level of emotion in an already over-emotional situation. The adult who enters the problem as an opponent to the child places himself in the position of becoming a target for the diffuse anger that the child feels. Once you become the subject of the child's anger it will be very difficult for you to aid him. So, hold the child firmly and calmly if necessary, or remove him to another place where he is free to rage, but do not become involved with his emotions. You can talk to the child and deal with the cause of his anger after he is calm. There are, however, distinct limits to the amount of insights into his behavior that a younger child can have. It is sufficient to note here that often in the follow-up to a tantrum, or aggressive or wild behavior, a young child's teacher will have to accept "Because" as a reason. Gaining insight into one's own behavior is a gradual process (we never fully complete it) and the preschoolers' limited reasons are a step in this process.

In Summary:

1. Focus on aiding the child in maintaining his own control. Impose your control only to the degree necessary.
2. Focus on preventing misbehavior before it happens. This "saves face" for the child and allows the adult to use milder techniques. These techniques include: 1) mere physical presence of the adult 2) a quiet verbal or non-verbal signal from the adult.
3. Provide angry children with an opportunity to verbalize their feelings, if possible. If the child cannot, or will not, verbalize his feelings, provide him with some physical way of draining off the anger.
4. Never add your anger to an already emotion-laden situation. Don't feed a child's temper tantrum by shouting or scolding.
5. Protect children from their own loss of control by removing them from the scene when necessary.
5. Reason with the child, and discuss causes for his behavior, only when he is calm and not angry at you.

Summary of the Thirteen Principles of Behavior Modification*

To strengthen new behavior

1. Positive Reinforcement Principle: To improve or increase a child's performance of a certain activity, arrange for an immediate reward after each correct performance.

To develop new behavior

2. Successive Approximations Principle: To teach a child to act in a manner in which he has seldom or never before behaved, reward successive steps to the final behavior.

3. Modeling Principle: To teach a child a new way of behaving, allow him to observe a prestigeful person performing the desired behavior.

4. Cueing Principle: To teach a child to remember to act at a specific time, arrange for him to receive a cue for the correct performance just before the action is expected rather than after he has performed incorrectly.

5. Discrimination Principle: To teach a child to act in a particular way under one set of circumstances but not another, help him to identify the cues that differentiate the circumstances and reward him only when his action is appropriate to the cue.

To maintain new behavior

6. Substitution Principle: To reinforce a child with a previously ineffective reward, present it just before (or as soon as possible to) the time you present the more effective reward.

7. Intermittent Reinforcement Principle: To encourage a child to continue performing an established behavior with a few or no rewards, gradually and intermittently decrease the frequency with which the correct behavior is rewarded.

To stop inappropriate behavior you may choose from four alternative principles

8. Satiation Principle: To stop a child from acting in a particular way, you may allow him to continue (or insist that he continue) performing the undesired act until he tires of it.

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9. Extinction Principle: To stop a child from acting in a particular way, you may arrange conditions so that he receives no rewards following the undesired act.

10. Incompatible Alternative Principle: To stop a child from acting in a particular way, you may reward an alternative action that is inconsistent with or cannot be performed at the same time as the undesired act.

11. Negative Reinforcement Principle: To stop a child from acting in a particular way, you may arrange for him to terminate a mild aversive situation immediately by improving his behavior.

To modify emotional behavior

12. Avoidance Principle: To teach a child to avoid a certain type of situation, simultaneously present to the child the situation to be avoided (or some representation of it) and some aversive condition (or its representation).

13. Fear Reduction Principle: To help a child overcome his fear of a particular situation, gradually increase his exposure to the feared situation while he is otherwise comfortable, relaxed, secure, or rewarded.

Health and Developmental History Prototype

Today's date: _____ Enrollment date: _____

Child's name: _____ Birthdate: _____ Age: _____ Sex: _____

Nickname: _____

Address: _____ City: _____ Zip: _____

Father's name: _____ Mother's name: _____

Age: _____ Occupation: _____ Age: _____ Occupation: _____

Place of Employment: _____ Place of Employment: _____

Telephone: _____ Working hours: _____ Telephone: _____ Working hours: _____

With whom does child reside? _____Mother _____ Father _____ Other

If other, please explain: _____

How will your child be transported to and from school? _____

Other children in the family: Name(s) _____ Age(s) _____

_____ _____

Others who live with your family: Name(s) _____ Age(s) _____

Relationship(s) to child: _____

Pets in the family: _____ Names: _____

Dentist's name: _____ Address: _____

Telephone: _____

Are parents in good health? _____

Was there anything unusual about the pregnancy with this child? _____

_____

Did the baby come on time? _____

Did this child require any special medical care or prolonged hospitalization at birth?

_____

What was the birth weight? _____

At approximately what age did your child ....

Sit alone _____
Crawl _____
Walk alone _____
Say first words _____
(what were they?) _____
Say first sentence _____
(two words or more) _____
Drink from a cup _____

Feed self with a spoon _____
Become toilet trained _____
Bladder _____
Bowel _____
Night time _____
Dress self _____
Button buttons _____
Snap snaps _____
Zip zippers _____
Tie shoelaces _____

Have either you or your doctor noted that your child has had:

_____ high fevers
_____ earaches
_____ toothaches
_____ nose bleeds
_____ frequent colds
_____ eczema
_____ hives
_____ wheezing
_____ vomiting
_____ diarrhea
_____ constipation
_____ seizures
_____ speech problems
_____ difficulty seeing
_____ difficulty hearing

If yes to above question, please explain how often it occurs, cause and treatment given.

_____

_____

Please specifically list all allergies including food, medication, insect bites or stings.

_____

_____

Has your child had any of the following childhood illnesses?

_____ Chicken pox
_____ 'Red' or 'Hard' measles
_____ 'German' or '3-day' measles
_____ Mumps
_____ Meningitis
_____ Strep throat
_____ Impetigo
_____ Pin worms

Does your child have any other medical or physical problems? _____
If yes, please explain and give name of medical person treating condition:

_____

_____

Any medication given regularly? _____

Has your child ever been hospitalized or had surgery or been treated in the emergency room? _____

If yes, please explain: _____

_____

When did your child last:

1. Have a regular medical check-up? _____
   Where? _____
2. Have a dental check-up? _____
   Where? _____

Does your child usually eat . . .

_____ Dairy products (milk, cheese)
_____ Meat
_____ Eggs
_____ Poultry
_____ Fish
_____ Soy bean products
_____ Grain products (bread, cereal)
_____ Fruit
_____ Vegetables
_____ Peanut butter

What are your child's food preferences/dislikes? _____

_____

_____

Does your child nap? _____ How long? _____

Best way to waken: _____

_____

Does your child take anything to bed at naptime? _____

_____

What words or gestures does your child use to indicate need to use the bathroom?

_____

_____

Names of your children's special friends: _____

_____

What are your child's favorite toys, interests, TV programs or play activities?

_____

_____

What method of discipline do you use with your child? (e.g., send to room, sit in chair, no TV, spank, etc.)

_____

_____

Any previous experiences away from parents, including day care or preschool?

_____

If yes, where? _____

Does your child have a difficult time when you leave him/her? Explain. _____

_____

If so, how do you deal with it? _____

_____

If parents are not together, does child see absent parent? _____

How often? _____

Have there been any major changes at home that would affect your child? (e.g., death, separation, divorce, distant move)

_____

Is your child afraid of anything? (e.g., animals, thunder storms, the dark, etc.)

If yes, please explain: _____

_____

_____

Many children, when under stress, exhibit certain behaviors. Does your child. . .

_____ bite nails
_____ suck thumb or fingers
_____ wet the bed
_____ have nightmares
_____ have temper tantrums
_____ hold his/her breath
_____ twirl hair
_____ sleep walk

Are there skills, interests or hobbies you would be willing to bring to the center to share with staff or children? _____

_____

Would you be interested in attending parent meetings? What time is best for you?

_____

_____

Is there any special information which would help us take care of your daughter/son? (e.g., any specific activities to be encouraged or restricted, special goals for your child?)

What do you expect your child to get out of our program?

Coping with Aggressive and Withdrawn Behavior

Helen Hasenfeld
Esmeralda Watkins

I. THE WORKSHOP

Workshop Objectives

To offer concrete suggestions for dealing with aggressive behavior in a group setting.

To offer suggestions for decreasing the incidence of aggressive acts by helping children develop alternative forms of social interaction.

To help caregivers recognize withdrawn behavior.

To offer concrete suggestions for helping withdrawn children become involved in the day care setting.

To provide an opportunity for the group to problem-solve around specific situations.

Dealing with Aggressive and Withdrawn Behavior

This module will look at two types of behavior: aggression and withdrawal. These behaviors appear to be very different, but may, in fact, stem from similar stresses.

The section on aggression will deal with practical ways to decrease the incidence of aggressive acts. The next section, on the withdrawn child, will describe some of the behaviors a withdrawn child may exhibit. It will cite possible causes of withdrawal and suggest methods for helping the withdrawn child get involved with the environment.

I. Aggression

There are many factors to take into consideration when looking at aggressive behavior. One of the handouts included in this packet, "Looking at Problematic Behavior," provides a framework for thinking about aggressive behavior in individual children. The emphasis in this section is on curtailing aggressive behavior in the group setting. Many of the ideas are taken from an article included in this packet, "Aggression--A Digest of Recommendations."

A. What is aggression?

1. Aggression is a form of social interaction commonly employed by preschool aged children. Children use it frequently because they have developed few other interactive skills.

2. The type of aggression most commonly seen in preschoolers is instrumental. It is aimed at retrieving a privilege, object or territory.

B. Dealing with aggression: developing alternative forms of social interaction.

1. Provide sufficient space and materials.

a. Avoid overcrowding. Children cannot distinguish intent so accidental contact may be misinterpreted and may result in aggression. This can be avoided when children are allowed sufficient space for their activities.

b. Have enough materials to avoid asking children to share beyond their capabilities.
c. Materials should be developmentally appropriate and challenging, not frustrating or boring.

2. Eliminate toys and games with aggressive themes. Guns, toy soldiers, etc. may elicit aggressive behavior and may increase non-thematic aggression.

3. Do not allow aggression to be beneficial.

   a. Children may be receiving rewards for their aggression in the form of attention, being allowed to keep a "snatched object," or by seeing a victim submit.
   b. These rewards encourage continued aggressive behavior and suggest to other children the benefits of imitating this behavior.
   c. Rewards for aggression can be counteracted by:

      1) Giving attention to the victim and ignoring the aggressor.
      2) Returning pilfered items.
      3) Encouraging victim to be assertive. ("Tell James 'I'm playing with this now'.") A victim who does not submit is less likely to be attacked in the future.

4. Do not ignore incidents.

   a. Non-intervention by adults may be interpreted as approval by children.
   b. Intervention also demonstrates concern for someone in need. Children are likely to imitate this behavior.

5. Attempt to intervene before aggression occurs. Encourage non-aggressive, verbal, cooperative methods of resolving conflicts. Praise and encourage alternative approaches. Success in non-aggressive interactions will also increase such behavior.

6. Model cooperative, non-aggressive approaches to social conflicts. Children are likely to imitate the behavior of powerful people they like.

7. Demonstrate and discuss alternative solutions when aggression is not occurring. Avoid "lectures" following an aggressive incident--they could serve to reward aggression.

8. Be consistent in reinforcing cooperative behavior. Teacher reinforcement may increase cooperative interactions and cooperation is incompatible with aggression.

9. Avoid physical punishment of aggression. Adult use of aggression legitimates its use.

10. Encouraging children to redirect aggressive behavior toward inanimate objects is a controversial issue.

    a. Some maintain that "aggressive energy" is burned off.
    b. Others think that this increases the child's energy level or that the child may transfer the aggression to people.
    c. It is important to note that there is a great deal of difference between encouraging a child to pinch and squeeze Play-Doh and having a child punch "Bozo" because she is angry.

II. The Withdrawn Child

Some children approach new situations with a lot of caution. They are reluctant to plunge into an activity without taking a good look at it. They tend to stay to the side for awhile, but show interest in their surroundings and the other children at the center. These children are generally felt to have a shy temperament. They are <u>not</u> the children that we are referring to in this section. The withdrawn child has more severe social problems which need attention and help.

It is easy to overlook the withdrawn child. Unlike the aggressive child whose behavior demands attention, the withdrawn child seldom causes difficulty in the center.

A. What is withdrawn behavior?

1. The withdrawn child may exhibit:

    a. A sense of aimlessness;
    b. Difficulty engaging in interactions;
    c. Lack of interest;
    d. Non-assertive, lethargic, repetitive and aimless play;
    e. Difficulty in responding to the teacher when spoken to or inability to appeal to the teacher for help.

2. This kind of behavior is less advanced than aggression.

3. These children may have problems moving on to more formal education.

4. For some preschoolers, withdrawal is a consequence of separation.

   a. The child has not been able to bridge the gap between home and school and feels insecure.
   b. Day care may be a kind of cultural shock for the child: an familiar, confusing, frightening world without parents or significant others.
   c. These children may need a great deal of help getting into activities and interacting with others.
   d. Or perhaps orientation to the classroom has already taxed them. Moving beyond this into creative and productive interaction may be too much for some children.

B. How can we help withdrawn children feel more comfortable in a day care setting?

1. The same person should greet the child each time she arrives.

   a. This helps make the transition from parent to significant other smooth.
   b. The child begins to think of going to be with a specific person rather than going to a strange place.

2. Provide quiet close time with a caregiver. Have the adult sit close to the child or hold her on her lap, perhaps while sitting in a rocking chair.

3. Help children realize they do have an impact on their world. They may have learned to feel that they do not. Show the child she can make things happen with activities like:

   a. Peek-a-boo.
   b. Using a mirror to help the child see the impact she is making on her environment.
   c. "First you do what I do then I'll do what you do."

4. Help initiate play: "Watch my doll go to school. Can you make your doll go to school?"

5. Help the child who is afraid to interact with new materials. Move gradually from "Sit on my lap and put your hands on mine while we play with the Play-Doh," or paint, etc.; to, "You touch..."

6. Be aware of when the withdrawn child shows interest. Use this as an opportunity to praise her. This may also be a good time to encourage the child to move on to another activity before her interest dies.

7. Some withdrawn children prefer more structured activities. Having someone in control is often less threatening than free play.

C. Be prepared to deal with the awesome results of your success! Frequently, acting out behavior is the next step towards good socialization. Caregivers should neither stifle the child's new expression nor permit her to lose control.

Suggestions for Presenting the Workshop

1. Before formal presentation of the material, have the group problem-solve around the following situations: (Choose one or more from each category.)

   Aggression

   a. Ginny is usually a very cooperative child--unless Melissa is around. Ginny seems to enjoy seeing Melissa run off screaming after she snatches her toy, destroys her art or hits her.

   b. There are eight children in the block corner, voices are starting to rise, and there is a lot of activity going on. What can you do?

   c. When Chris gets angry he throws anything within his reach.

   Withdrawal

   a. Carol has been in your center for four weeks. Every day she comes in and stands near the door with her hands over her ears. She screams when other children come near her.

   b. Jessie has been in your center for two weeks. Every day he runs to the same truck and rolls it back and forth for hours. When you go near him, he leaves the truck and sits by himself sucking his fingers.

   c. After much effort, you have gotten Max involved making animals with Play-Doh. After a half-hour he is sitting, quietly rolling little balls. He looks bored.

2. Following the presentation, discuss the same or different situations. Note changes in the way the group feels the situation should be handled. Also, be sure to note approaches that the group does not think should be changed.

3. To break up the formal presentation, have discussion on solutions for aggression after the presentation on aggression.

4. Simulate or have volunteers role-play solutions to situations.

5. Brainstorm around situations brought up by participants. Be prepared with more examples if they are needed.

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Chapter 3*

Aggression

Digest of Recommendations

Suggested Teaching Techniques	Rationale	Selected References
To minimize aggression in the classroom:		
1. Provide sufficient space so that children are not overcrowded.	Sufficient space may eliminate accidental pushing and shoving that can lead to retaliatory aggression. Young children do not distinguish between accidental and purposeful attacks.	Bandura, 1973; Shantz and Voydanoff, 1973.
2. Provide sufficient materials so that children can keep busy without competing for resources.	Children involved in constructive activities may be less likely to behave aggressively.	Davitz, 1952.
3. Eliminate toys which suggest aggressive themes for play, such as guns, toy soldiers, and batman or batgirl costumes.	Toys associated with aggression may elicit aggressive behavior. Children who play games with aggressive themes also tend to engage in more nonthematic aggression.	Bandura, 1973; Berkowitz, 1972; Feshbach, 1956.
4. Do not allow an aggressor to benefit from aggressive acts.	Children rewarded for aggression learn that aggression pays off. Other children in the group will be more likely to imitate the aggressive child if that child's aggression is rewarded.	Bandura, 1973; Patterson, Littman, and Bricker, 1967; Feshbach and Feshbach, 1972.
5. Step between aggressor and victim, ignoring aggressor while attending to victim.	This action prevents the aggressor from obtaining either the reward of victim submission or the rewagd of teacher attention. Children are likely to imitate the teacher's demonstration of concern for someone in need.	Bandura and Walters, 1963; Pinkston, Reese, LeBlanc, and Baer, 1973; Scott, Burton, and Yarrow, 1967.

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Suggested Teaching Techniques	Rationale	Selected References
6. Suggest to the vicitm ways of dealing with the aggressor, for example, tell the victim to say to the aggressor, "No hitting" or "I'm playing with this now."	Victim can practice and model assertive but nonaggressive behavior. A victim who does not submit is less likely to be attacked in the future.	Patterson, Littman, and Bricker, 1967; Slaby, 1974.
7. Intervene in a potentially aggressive situation before aggression occurs, encouraging children to use nonaggressive verbal methods to solve conflicts. Provide verbal alternatives for children who cannot think of them on their own, e.g., "Tell him, 'I'm playing with this now;'" or, "You can ask him to trade with you." Praise the children's use of verbal alternatives, the peer cooperation that may follow, or the acceptance of "no" for an answer.	Children who have alternative responses readily available are less likely to resort to aggression to get what they want. A child who asks for an object is more likely to receive cooperation; a child who grabs the object is more likely to elicit retaliatory aggression. Teacher reinforcement can increase children's use of nonaggressive solutions to interpersonal problems.	Slaby, 1974; Spivack and Shure, 1974.
8. Model a reasoned, cooperative, nonaggressive approach to social conflicts.	Children imitate behavior of people they like and people who are powerful. They often adopt teachers' behaviors.	Bandura and Walters 1963; Scott, Burton, and Yarrow, 1967.
9. Discuss and demonstrate alternative problemsolving methods at times when aggression is *not* occurring.	Lectures following an aggressive incident may serve as rewarding attention to the aggressor. Children aware of alternative behaviors can choose a nonaggressive solution.	Bandura, 1973; Chittenden, 1942; Spivack and Shure, 1974.
10. Consistently attend to and reinforce all cooperative behavior.	Cooperation may be incompatible with aggression. Children consistently reinforced for cooperative behavior are likely to increase cooperative interactions while simultaneously decreasing aggressive behavior.	Altman, 1971; Brown and Elliot, 1965; Goodlet, Goodlet, and Dredge, 1970; Harris, Wolf, and Baer, 1967; Risley and Baer, 1973; Slaby and Crowley, 1975.
11. Attend to cooperative verbal statements.	Attention to cooperative verbal statements is likely to increase actual cooperative behavior while decreasing aggression.	Parke, Ewall, and Slaby, 1972; Slaby, 1975; Slaby and Crowley, 1975.

Suggested Teaching Techniques	Rationale	Selected References
12. Avoid physical punishment for aggression.	Use of physical punishment provides a model of aggression and legitimizes the use of force. Children observing such tecnhiques are likely to use them for resolving their own conflicts.	Bandura, 1973; Berkowitz, 1973.
13. Do not encourage children to redirect aggressive behavior toward inanimate objects.	Children encouraged to be aggressive toward inanimate objects are likely to be aggressive toward other people.	Bandura, 1973; Berkowitz, 1973; Mallick and McCandless, 1966; Walters and Brown, 1963.

What is Aggressive Behavior?

"Betty and Michael are fighting again, but what can you expect from such aggressive children?" Attributing children's aggressive behavior to the fact that they are "aggressive" is a particularly destructive form of circular reasoning. Children learn to perform aggressive behaviors, such as kicking, hitting, and biting, and they learn to identify situations where these behaviors produce rewarding results. An important first step in dealing with children's aggression is to specify exactly what children do to evoke the label "aggressive."

Most people agree that aggressive behavior involves actions which may result in physical or psychological injury to another individual. This definition of aggression does not include assertive behavior, such as standing up for one's rights in a nonhostile way. Aggressive acts include physical behaviors, such as hitting, pushing and kicking; verbal acts, such as shouting insults, making threats, and calling names; and destruction of another's property.

Many cases are not clear-cut. Whether or not an act is labeled aggressive involves a social judgment made by the observer, who is influenced by society's norms and by his or her private belief system. One observer watching two boys wrestling might conclude that they were just "fooling around," while another might decide they were showing unwarranted aggression (5).

Aggressive behavior usually involves expenditure of a great deal of energy. Actions which are considered innocuous in a mild form may be labeled aggressive when performed with more force, even though the form of the action does not change. A gentle pat can turn into a hit, an affectionate hug can become a tackle, depending on the vigor of the contact. Children who frequently become excited or those children generally characterized as being highly active are often labeled aggressive because of the intensity of their behavior (33).

In deciding whether or not to consider a particular behavior an act of aggression, observers often attempt to account for the intent of the act. Accidentally tripping and falling against someone is not usually considerded aggressive; a deliberate push is. Trying to uncover the "real" intentions underlying a given act can be quite difficult.

Suppose Shirley pushes Pat off a tricycle. Did Shirley really mean to hurt Pat, or did she just want the tricycle? A debate about the "real" motivation may be superfluous; however, the behavior that injured Pat is important. Attempting to minimize judgments of intent and their inherent ambiguities, psychologists investigating aggression have usually focused on the overt form of behaviors which can potentially injure another person.

In determining ways of dealing with children's aggression, it is important to place aggression in its proper context as one of several types of social interaction. Aggression is both a means of solving interpersonal conflict and a powerful way of getting a reaction from the social environment. If children can develop a repertoire of social skills

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that provide them with many alternative methods for resolving conflicts and for producing interesting reactions from the environment, they are less likely to resort to aggressive behaviors (21, 46).

How Do Children Learn Aggressive Behavior?

Aggressive behavior is learned behavior. Children are continually learning new and improved ways to punch, kick, and push each other by watching other children and adults and by trying out new forms of aggression to find out which works best. Children also learn that the use of aggression pays off in many cases. If the cowboy on television hits the bad guy hard enough, the bad guy won't bother him any more. In school, the children who push and hit the hardest usually get their own way.

Children learn aggression by observing.—Every day children are exposed to the use of aggression for solving interpersonal problems. There is a growing body of evidence which indicates that such examples are taken to heart (5). Physical punishment of children by parents demonstrates the use of physical aggression and likely causes the punished children to behave aggressively. Children who are spanked for aggressive behavior may behave nonaggressively around their parents, but such children are likely to use aggression themselves when interacting with their peers (5, 10, 11, 39). Children learn not only *how* to perform aggressive acts, but also *when* to perform them.

Television programs, from Saturday morning cartoons to the evening news, provide children with an extensive how-to-do-it course in aggression. Several studies have demonstrated that after watching aggressive acts performed in a movie or television show, children tend to view aggression as a successful form of social interaction and to behave more aggressively with their peers. Children will imitate specific aggresive actions that they have never performed before, such as hitting with a hammer held high over the head. The models who elicit this imitation may be adults, children or even cartoon mdoels attacking either inanimate objects or other people. There is *no* evidence supporting the commonly held view that watching aggression enables children to release "pent-up hostility" which otherwise might result in aggressive behaior. On the contrary, viewing aggressive incidents increases children's knowledge of how to perform aggressive acts and reduces their inhibitions against behaving aggressively themselves (5, 7, 8, 9, 11, 23, 25, 26, 27).

Some people feel that aggression on television will have no aggression-eliciting effects if the aggressor gets his "just deserts" in the end. However, very young children often do not understand the connection between events in a television program which are separated by a complicated story line and several commercials. The fact that the villain goes to jail at the end of a half-hour chase may be considered a completely separate event from the gory murder successfully committed at the beginning of the program (15). Children who understand that an aggressive model has been punished may not immediately imitate the model's behavior. If specifically offered a reward for showing what the model did, children can often correctly demonstrate the model's aggressive actions. Even when an aggressor is punished, children can still learn new forms of aggressive behavior simply through observation. Whether or not children will adopt these new forms of aggression depends on what they expect to happen as a result of their own aggression in any given situation (2).

Exposure to aggressive incidents also tends to increase a child's tolerance for aggression in others. In one study (18), third and fourth graders saw a movie and then watched a videotape of two younger children who, they believed, were playing in an empty room. The children were instructed to seek adult help if the younger children got into trouble. Those "babysitters" who had previously seen a violent cowboy film tolerated higher levels of aggression in their charges before seeking help than children who had seen a neutral film.

Children learn aggression through practice and reward.—Children are often rewarded for their own aggressive behaviors. Aggression usually provokes a substantial reaction from the environment. With a single aggressive act a child can cause other children to cry, shout, and run; adults to move quickly and talk loudly; objects to fly through the air and crash with a satisfying thud. Even if a child receives no material benefit from an aggressive act, causing such a pronounced disturbance can be reinforcing in itself.

In an extensive observational study of preschool children's free play (33), 80 percent of children's aggressive behaviors were directly rewarded in some way. Victims gave up objects to

their attackers, cried, or ran off and left the territory to the aggressor. When an aggressive act was successful, the aggressor was more likely to attack the same victim in the same way again. Many children started the year at school with low frequencies of aggressive behavior. As they observed the aggressive activities of other children and frequently became victims themselves, they began to adopt defensive aggression strategies. If their defensive aggression was successful in warding off attackers, these children began to initiate aggressive attacks. The incidence of aggressive behavior among these children increased dramatically over the course of the year. The combination of observing peer aggression and being rewarded for their own aggressive activities had taught them how and when to be aggressive. Initially nonaggressive children who were unsuccessful in their attempts at aggression did not increase their aggressive behavior. They learned that, for them, aggression did not pay off.

Contrary to popular beliefs, children encouraged to behave aggressively toward inanimate objects are likely to try out the aggressive skills learned in these situations on their peers. In one study, 7-year-old boys who received rewards for punching a rubber clown were more aggressive toward peers both in a competitive game and in a free play situation (47). In another study, 5- and 6-year-old boys who were rewarded for pressing a lever vigorously were more aggressive toward peers than boys rewarded for pressing the lever gently (48). Rewarding aggression, even in the innocuous context of doll play, gives children an opportunity to perfect aggressive skill which may eventually be used against peers.

What Conditions Tend to Elicit Aggressive Behavior?

Even though children may have mastered a variety of aggressive behaviors, whether or not they perform aggressive acts is determined by factors within any particular situation. Studies comparing children's aggressive behavior in school, at home, and in the laboratory have found that the same children are likely to show extremely different amounts of aggressive behavior in different situations (20, 32, 40). A child who terrorizes friends in the backyard at home may not use aggressive behaviors at school.

Past experience determines how children will respond to emotionally arousing incidents.—Some psychologists have maintained that all aggression is caused by frustration. A frustrating experience, such as being prevented from reaching a goal, may indeed provoke an emotional reaction which may in turn energize a high-intensity response. Since aggressive acts involve a great deal of energy, they are more likely to occur following frustration than after relatively passive activities. Research has indicated that past experience influences exactly how children will direct the emotional energy aroused by frustration (14, 17, 20).

The classic study of the effects of experience on responses to frustration involved 7- to 9-year-old children attending a summer camp (17). Half of the children spent seven sessions playing aggressive games. In one such game the winner was the individual covering a certain spot on the floor when the buzzer sounded. All types of aggressive behavior were praised and encouraged. The other half of the children spent their sessions engaging in constructive, cooperative activites such as drawing murals and completing jig saw puzzles together. After these sessions ended, all of the children were given candy bars and shown the beginning of a movie. In the middle of the movie of the movie the experimenter stepped in, took away the candy, and moved the children to another room where they were allowed to play freely with a standard set of toys. Although all children had experienced the *same* frustrating event, their reactions to the frustration differed radically. Children who had played aggressive games behaved more *aggressively* following frustration; children who had engaged in cooperative activities behaved more *constructively*. Frustration *per se* does not autmatically elicit aggression.

Children use aggression to retaliate.—Accidental or purposeful physical attacks can provoke aggressive responses from the victims (20). Preschool children who are frequent victims tend to increase their level of aggressive behavior (33).

Young children find it difficult to take into account the intentions of another individual; they may respond aggressively even to an accidental shove. It is important that children in group setting have enough space to carry on their activities without the accidental physical conflicts which may provoke aggressive retaliation. In one study, 7- 9-, and 12-year-old boys were asked how they would respond to an aggressor in a variety of story situations. The 7-year-olds chose to retaliate with aggression whether the attack in the story

was intentional or accidental; the 9- and 12-year-olds responded less aggressively to an accidental attack than to an intentional attack (41).

Emphasizing the unintentional nature of an attack may help children refrain from retaliating in kind. In one study, third graders prevented from winning a prize by the clumsy behavior of another child were given a chance to either help or hurt that child in performing a similar task. When the experimenter explained that the frustrator's actions were accidental, children were less inclined to choose a response which would hurt the frustrator (30).

The setting can provoke aggression.—Even in the absence of direct provocation, elements in the immediate environment which have been associated with aggression in the past may induce children to behave more aggressively. Objects which encourage play with aggressive themes may also increase the level of aggression in general. In one study (19) groups of 5- to 8-year-old children participated in play sessions. Some of the sessions included stories, records, and toys revolving around aggressive themes such as cowboys and Indians, soldiers, and pirates; other sessions revolved around neutral themes such as trains, circuses, farms, and stores. Children playing with aggressive toys engaged in more inappropriate aggression unrelated to the theme of the play than children playing with neutral toys. Aggressive toys can elicit aggressive behavior.

Children are more likely to be aggressive in settings where they have been rewarded for aggression in the past. The sight of a previous victim may in itself be a sufficient stimulus for attack. Vicitms who have cried, given up an object, or withdrawn in the past are more likely to be attacked again (33).

Noninterference by an observing adult seems to be interpreted by young children as approval for aggressive acts (11). In one study (42), pairs of preschool boys played together during two successive sessions. When an adult passively sat and watched the boys play in the first session, the boys behaved more aggressively in the second session. Boys who played by themselves in the first session played less aggressively in the second session. The adult's passive attention apparently served to encourage aggression.

Aggressive words can provoke physical aggression. Several studies have demonstrated that childred rewarded with adult attention and praise for making aggressive statements not only make more aggressive statements but also tend to engage in more *physical* aggression (28, 19, 31, 44, 45).

How Can Teachers Minimize Children's Aggressive Behavior?

Many different methods for dealing with aggression have been advocated by child development specialists. Research evidence clearly indicates that some of these methods probably succeed, while others may either fail to affect aggression at all or may actually increase its occurrence.

One popular idea which has *not* been supported by evidence assumes that there is an "aggressive drive" which wells up inside an individual and must be released periodically. This emotional release has been called catharsis. Advocates of this philosophy maintain that children should be allowed to "express their hostility" and "drain their aggressive drive" by watching aggressive films, reading aggressive stories, and engaging in "harmless" types of aggressive activity (11). They believe that a child who hits other children should be encouraged to hit a pillow or doll instead; a child who kicks other children should be encouraged to kick a tree or table instead. Kicking a tree supposedly helps a child get rid of the bad feelings inside, therby reducing his or her "need" to kick another person.

There has been virtually no support for this approach. On the contrary, many carefully controlled research studies in both laboratory and field situations indicate that encouragment of aggression in any form actually *increases* the likelihood that more aggression will occur. While an aggressive kick against a tree may be satisfying to an angry child, the very satisfaction gained by kicking serves as a reward for an aggressive behavior which is likely to be directed toward an individual in the near future (5, 11, 20, 21, 30). Children who play aggressive games and use aggressive toys behave more aggressively towards other children (17, 19, 30). Children encouraged to use aggressive words engage in more physical aggression (31, 44, 45). Children who observe aggressive incidents or listen to stories that portray aggression behave more aggressively themselves (6, 7, 19, 23, 25, 26, 27).

The principles teachers can follow to reduce aggression in their classrooms include: (1) structuring the situation to minimize conflict, (2), ensuring that the aggressive activity that does occur is not rewarded either by adult attention or by the victim's submissive response, and (3) teaching alternative methods of social interaction through modeling, reasoning, discussion, and direct suggestions for socially acceptable solutions to conflicts.

Teachers can structure nonaggressive environments.—Children need sufficient space to carry on their activities without getting in each other's way. If too many children begin congregating in a small area, the teacher might redirect some of them to an alternative activity. Providing ample space helps eliminate the accidental pushing and shoving that can lead to retaliatory aggression.

Teachers can provide sufficient materials so that children will have some constructive, interesting activity easily available and will not need to compete for desired resources. Teachers can eliminate toys which are used in play with aggressive themes. Such toys as guns and toy soldiers are likely to elicit nonthematic aggression (19).

Teachers can remove the rewards that children receive for aggressive acts.—Many events can serve as rewards for aggression. The most obvious are actual objects, such as a toy snatched from another child. If the victim cries or runs away, this submissive behavior can serve as a reward. Any form of adult attention can also act as a reward. It has been amply demonstrated that the teacher's attention in the classroom is a powerful force for controlling children's behavior. Rebuking or lecturing a child for an aggressive act may increase the likelihood that the same act will occur again (5, 36).

Should the teacher simply ignore all aggressive interactions in the classroom? There are two problems with this simplistic approach: First, nonintervention by an adult can be interpreted as approval by young children (11, 42); second, rewards for aggression are often provided by the victim (33).

Teachers can intervene without attending to the aggressor. One technique which has proved successful is to step between the children involved in the incident, ignoring the aggressor but paying attention to the victim. Attention to the victim might involve comforting an injured child, finding the victim something to play with, or suggesting to the victim ways of dealing with the aggressor in an assertive way. For example, a teacher might return a stolen toy, instruct the victim to "hold on tight" to the toy, and to tell the aggressor in a loud voice, "no hitting." Such a technique takes advantage of several psychological principles simultaneously. The aggressor receives no reward for aggression and gets no direct attention from the teacher. Other children in the group observe that aggression is not a successful method of social interaction. Therefore, they are less likely to behave aggressively themselves. The teacher's demonstration of a sympathetic response toward someone who is hurt may be imitated by other children. The victim learns to cope with difficult social situations, and has the teacher's support for practice in being assertive without responding aggressively (3, 35, 38, 43).

Teachers can defuse potentially aggressive confrontations by guiding the children in a search for an effective verbal solution to conflict or by directly recommending a verbal alternative to an aggressive behavior. Suggestions can be effective, for example: "You can *ask* Mary to mover over;" "Tell Peter, 'I'm playing with this now;'" or "You can ask Ben to trade with you." By telling children specifically what to say in critical situations, the teacher creates opportunities to reinforce these verbal behaviors, the peer cooperation that may follow, or the acceptance of "no" for an answer. Children are more likely to cooperate voluntarily with a peer who asks for something than with an aggressive peer (43, 46).

Should teachers punish aggression? Physical punishment may seem effective in the short run since it may immediately stop the undesirable behavior. In the long run, however, physical punishment may be the least effective method of controlling aggression. Any adult attention—even in the form of a rebuke—may reinforce aggressive behavior, thereby causing it to increase. An adult using force serves as a powerful and succesful model for the use of force in conflict situations and legitimizes force as a problem-solving method. Children whose parents use coercive discipline are more likely to be coercive in dealing with their peers (5). Children whose aggression is controlled by the use of punishment are more likely to be aggressive when they think the adult will not detect it, especially if they feel their aggression is justified (20).

Teachers can encourage behaviors incompatible with aggression.—Aggression is a social behavior which stands out clearly, is easily imitated, and is

often successful in provoking a reaction from other people. Other types of social behavior are more subtle and perhaps more difficult to learn. Teachers can help children learn a variety of social skills which will enable them to experience successful interactions with both peers and adults.

The teacher's own behavior is a powerful influence. If the teacher demonstrates a reasoned, cooperative approach to dealing with both children and adults, children are likely to profit from the example (38).

Teachers can lead children in discussions of alternative methods of dealing with social conflicts, emphasizing the undesirable consequences of aggression. This reasoning process should *not* take place immediately after an aggressive incident; such adult attention may reinforce the aggressor. Children can learn from discussions about social behavior which occur at neutral times. In one study, an adult acted out alternative solutions to conflicts using a set of dolls (14). One incident involved two children who both wanted to play with the same wagon. In the aggressive solution, the two fought, the wagon broke, and both children were unhappy. The alternative involved taking turns with the wagon, which satisfied both children. Preschoolers who observed these little dramas and participated in discussion of the various alternatives became less aggressive and more cooperative in their play.

Another group of researchers has devised a 10-week program using stories and puppets to encourage preschoolers to think up and evaluate their own alternative solutions to various interpersonal conflicts. They report that the longer children participate in the program, the fewer aggressive solutions they offer. Also, children's behavioral adjustment as rated by teachers improves as a result of children's increasing ability to think through the consequences of their actions (46).

Cooperative interaction may be incompatible with aggression. If cooperation increases, aggression may simultaneously decrease. In one nursery school class, teachers were able to reduce the number of aggressive incidents and increase the amount of cooperation simply by ignoring all aggression and attending to children whenever they did something cooperative (12). Preschool teachers in another study paid attention only to verbal cooperative statements while ignoring aggressive statements and aggressive physical behavior. This attention did not involve praise. Teachers merely repeated the children's cooperative statements, saying "(child's name), "I heard you say (child's phrase)." The result was a dramatic increase in the number of verbal cooperative statements, an increase in the amount of actual cooperative behavior, and a corresponding decrease in the level of aggressive behavior (45).

Aggression cannot be dealt with in isolation. Any truly effective method for handling aggression must include active encouragement of cooperative and constructive social interactions.

Points to Remember

1. Children who observe other people behaving aggressively will tend to behave aggressively themselves. Aggressive models include adults, other children, and television or movie characters who display aggression. Adults using physical punishment are potent models for aggression.
2. Children rewarded for aggressive behavior are likely to continue to behave aggressively. Rewards for aggression include any form of adult attention, the submission of victims, or the attainment of objects or privileges.
3. Children encouraged to be aggressive toward inanimate objects or to play games with aggressive themes are more likely to engage in aggressive interactions with their peers.
4. The most effective methods for controlling aggression are removing rewards for aggressive acts, teaching and encouraging cooperative problem-solving methods, and providing extensive opportunity for constructive behavior.

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Looking at Problematic Behavior

Assessment

I. Is There a Problem?

A. For whom does the behavior constitute a problem? the child? peers? caregivers?

B. Are your expectations for the child realistic in terms of the social and emotional development of the child?

C. How much opportunity and experiences has the child had to learn more appropriate behavior?

II. Looking at the Behaviors

A. Describe the problematic behaviors in specific terms, not inferentially. Inferences are value-laden and not diagnostically useful.

Example: "Mary grabs other children's crackers at snack time," vs. "Mary is aggressive."

Try to observe:
1. How often it occurs.
2. When it started.
3. The intensity of the behavior.

B. What are the antecedents to the behavior? Who or what triggers it and when? What time of day does it usually occur?

C. What are the consequences of the behavior? What happens right after the behavior? What is the pay-off for the child? How do other children respond? What is the staff's usual response to the behavior?

III. The Child at the Center

A. What are the child's prevailing moods and attitudes at the center?

B. What are the child's behavioral strengths?

C. What are her relationships with other children?

D. What is the teacher's general attitude toward the child?

IV. The Child at Home

A. Does the problematic behavior occur at home?
   1. If so, under what conditions?
   2. How do the parents respond?
   3. How consistent are the center and home's responses?

B. What are the family's norms and expectations for the child?

C. What are the child's general prevailing moods and attitudes? Is the picture at home consistent with the picture at the center?

D. Are there particular stresses in the child's life that coincide with the problematic behavior?

Plan

V. Goals for the Child

Make the goal a specific rather than a general behavior you would like the child to exhibit.

Example: "Sits still for one short group story," vs. "More attentive in group activities."

VI. The Intervention

A. After assessment has been completed, a plan should be made.

B. All people dealing with the child at the center should know the plan and be clear about how to implement it.

C. Re-evaluate the plan after a reasonable period of time. If it is not working, go back to the drawing board.

Children's Sexuality

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I. THE WORKSHOP

Workshop Objectives

To demonstrate a variety of attitudes about children's sexuality by showing the film "Old Enough to Know."

To discuss the effect of adult attitudes and values on children's developing sexuality.

To discuss the correlation between sexuality and self-esteem.

To provide information on the development of sexuality in young children including infant sexuality, toilet training, body intactness and masturbation.

To provide a framework for discussing sexual issues with children.

To present a teacher's experience in developing and presenting a sex education unit.

To discuss the issue of parent-center communication vis-a-vis children's sexuality.

To provide a bibliography suitable for preschool children and to supply books for teacher browsing.

Children's Sexuality

How adults deal with the issue of children's sexuality is crucial because attitudes about one's sexuality and total self-esteem are inseparable. How a child feels about herself, how she values herself, are tied to her feelings about her body. A child should be helped to avoid doubt and shame about her body and its functions and should be enouraged to view her body as good, safe and pleasurable.

It is not necessary for adults to judge children's sexual behavior as "good" or "bad," "normal" or "abnormal." Adult judgements of children are particularly destructive of self-esteem. It is more useful to view behavior as appropriate or inappropriate depending on the situation and on social expectations. It is also useful to determine if a child's behavior enhances her development and is non-destructive to others.

All adults who have extensive contact with young children are "sex educators" whether they want to be or not. They model what a man or a woman is in the world; they convey attitudes about physical closeness, touching and body contact; they respond to children's actions and questions. How well adults understand and handle children's concerns about body intactness, toileting, masturbation, and adult's response to a child's natural curiosity all greatly affect the child's self-esteem.

I. Adult Knowledge and Attitudes

A. Do caregivers know what they are conveying to children about sexuality? Do they like what they are conveying?

1. Caregivers need to have accurate biological knowledge when talking to children. If they lack this knowledge, they must seek information and correct any misinformation they may have.

2. Caregivers need to understand children's emotional and cognitive development if they are to transmit information about sexuality.

3. They need to examine and understand the "feeling messages" they are giving to children.

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4. Most people have received their sexual information from peers and their sexual attitudes from adults.

   a. Children receive the "feeling message" about sexuality long before they really understand the biological information.
   b. If adults are unaware of their feelings, they cannot be sure what they are conveying to children.

B. Caregivers can explore their attitudes toward sexual issues.

   1. They can discuss with other staff members how their families handled sexual issues and how they felt about it.

   2. Caregivers can talk about how children's behavior at the center makes them feel.

   3. A caregiver also can start to re-evaluate her attitudes. Are the attitudes she grew up with still appropriate today? She needs to know where she is coming from, how she got where she is and where she is going.

   4. Through talking, reading and thinking, attitudes and feelings can and do change.

C. Sometimes feelings cannot be reconciled with present thinking.

   1. Caregivers can help each other. For example, if a caregiver knows she tenses up at the natural curiosity displayed by preschoolers in the bathroom, she can arrange have a teacher who is more comfortable with the situation handle toileting time.

   2. Role-play tense situations with other teachers. Increased exposure and rehearsal makes for greater comfort.

II. The Development of Sexuality

A. Children exhibit sexual behavior beginning in infancy.

   1. Girls will usually lubricate the vagina within the first 24 hours of life and boys will have an erection in the first two or three days.

   2. The infant explores herself by touching. She tastes her fingers, nibbles her toes, she touches her genitals. She finds both touch and oral stimulation a source of gratification.

B. In the second year of life the child observes differences between maleness and femaleness.

1. She shows interest in watching others undressing and in the bathroom.

2. She notices but does not verbalize that boys and fathers have distinctive genitals and girl and mothers do not.

3. The child is conscious of her own sex organs and touches them. Two and three-year-olds very casually masturbate, often in the presence of others.

C. Toilet training, in the second year, has a strong impact on the development of both self-esteem and sexuality.

1. A small child views her body products as part of herself. If she feels her excreta is bad, she incorporates these feelings into her self-concept.

2. Western culture is very concerned about cleanliness and it is all too easy for a child to believe that bowel movements and urine are bad. Since this area is linked to sexual activity, negative feelings related to toileting extend to sexuality.

D. Body intactness is a concern or fear universally seen in toddlers and in preschoolers.

1. Often a little boy will repeatedly touch his penis. What he is doing is "checking," not masturbating. He's making sure nothing has happened to his penis.

2. The toddler often insists on showing a slight injury to everyone who will look and may, in addition, demand a Band-aid to restore her sense of body wholeness.

E. Children have a natural curiosity about their bodies and this becomes very evident as the child matures in verbal skills during years three and four. Children:

1. Often ask the same questions over and over again about reproduction. Preschoolers do this with any subject that arouses their interest and curiosity.

2. Verbally express interest in different postures for urinating. Girls often experiment with attempts to unrinate while standing up.

3. Often are very interested in other people's bathrooms.

4. May want to undress with an audience.

5. Tend to talk about babies in general. What babies do, where they came from, where babies are before they are born.

6. Question how a "baby gets out" of the mother.

F. Even when given correct simple facts about reproduction, most children around age three or four incorporate some imagination into the story.

1. Frequently the child will explain reproduction on the basis of eating and elimination--somehow the mother swallows something and it comes out the other end.

2. Children this age often believe that a baby is born through the navel.

3. Children this age will often embellish the story with gore.

4. As in all concerns, children of this age will make up what they do not understand.

G. By age five, children tend to be very interested in babies, in a mother's pregnancy and in their parents' and their own babyhood.

1. They talk about having babies when they grow up.

2. They indicate interest in how fathers are involved.

3. They question again how babies get in and out of mothers.

4. As they have only recently come to expect evidence to confirm fact, children this age still have trouble with tiny things like ova and sperm they can't see.

III. Talking to Preschoolers about Sexual Issues

A. A child will attempt to solve the sex-birth mystery on her own. Caregivers listening to the child's often fanciful tales should remember:

1. It is important to listen in order to know the child's fantasies.

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2. It is important to show appreciation for the child's attempts at problem solving.

3. The child will probably incorporate some fantasy into factual explanations.

B. Information about sex should be age-appropriate.

1. Information should be geared toward the child's cognitive level.

2. Anne Burnstein in "How Children Learn about Sex and Birth," Psychology Today, Jan. 1976, divides children's learning into six levels. The first two or three apply to preschoolers:

a. In the Geography Stage, age three or four, the child:
   1) Doesn't understand laws of cause and effect.
   2) Believes babies have always existed.

b. In the Manufacturing Stage, age four or five the child:
   1) Knows babies didn't always exist--they must have been made.
   2) Believes body parts may have come from a store.
   3) Believes everything in the world was manufactured either by people or by God.

c. In the Transition Stage, (ages vary but generally about age five) the child:
   1) Views procreation as a mixture of physiology and technology.
   2) Has all of the pieces for a mature understanding of sexuality.
   3) Gains most from units on sexuality.

C. Girls need special reassurance when given information about their bodies because their reproductive organs are not visible.

1. Just to tell a girl she has a vagina may not be enough. The girl may need to know where it is and that her sexual organs are different from a boy's, not lacking.

2. She may also need to know she has special parts inside: ovaries, fallopian tubes and uterus for conceiving and having children.

D. The caregiver should deal with sex on the level that is most comfortable for her.

1. The caregiver's comfort should determine just how explicit her explanations are.

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2. If the caretgiver tries to go beyond her comfort level in discussing sexuality she may produce mixed messages as verbal and non-verbal cues conflict. This will confuse children and should be avoided.

3. There are ways to increase your comfort level (see section I.-D. of this workshop).

4. Props can be very helpful in giving sexual information. Centers should have available diagrams, dolls and books. In selecting books consider:

   a. The pictures:
      1) Do they clarify or distort the text?
      2) Are they age-appropriate?
         a) Is the child old enough to understand their meaning?
         b) Do they include cross sections which might lead to a fear of being "cut in half"?
   b. The text:
      1) Is there too much text for the number of pictures?
      2) Is language age-appropriate?
      3) Do analogies clarify or confuse? For example: referring to sperm as "seed" can reinforce the connection between reproduction and eating. A child might think that if she eats a pumpkin seed it will grow inside of her.
      4) Does the book spend too much time "on the farm"? Children can know cats "mate" but not know about human reproduction.

Suggestions for Presenting the Workshop

1. If time permits, this unit is best done in two sessions: one being devoted primarily to explanation and discussion of attitudes, and one concentrating more on informational content.

2. The discussion of sexual attitudes conveyed by participants' families is best done in groups of six to twelve.

3. The film "Old Enough to Know" is an excellent trigger for a discussion of attitudes toward sexuality.

4. The Sexuality Questionnaire found in the Resources section of this module can be distributed to participants to stimulate their thinking before discussion. If the film "Old Enough To Know" is available, the questionnaire can be used directly after the movie is viewed.
   On the Sexuality Questionnaire:
   a. Questions 1 and 2 are designed to elicit recall from the participants' past. Questions 4 and 5 are designed to elicit current responses to emotionally charged situations in the day care center.
   b. It is important for the leader to distinguish between participants' emotional reaction and their intellectual reaction as they respond to the situations in Questions 3 and 4. Question 3 is designed to help participants see that attitudes can and do change.

5. If a teacher of older preschoolers or kindergarten children in your community has done a unit on sexuality invite her to share her experiences in presenting this unit.

6. Ask the group to discuss how they might go about starting a sexuality unit--what the various considerations might be.

7. Emphasize, during the discussion sessions for Presentation Suggestions 5 and 6, the importance of parent-center communication about children's sexuality.

8. Display as many books as possible both from the book list and from your own favorities. Allow ample time for browsing.

9. A follow-up to this workshop might be a parent group meeting utilizing the film "Old Enough To Know" and a discussion of how a variety of situations related to sexuality are handled in the center.

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Film for Adults

Planned Parenthood Center of Seattle. Old Enough To Know. Perennial, 1973. The film is 20 minutes long and is available through the University of Michigan Audio-Visual Education Center. (Rental is $9.10 for a 3-day period.)
This film is a good discussion aid.

II. RESOURCES

Some Thoughts on Approaching Sexuality Issues in the Day Care Center

Just how can a day care center come to decisions about what behaviors are acceptable? Is masturbation ever interfered with, and if so under what circumstances and in what manner? Is sexual exploration allowed? May children look but not touch? What information about reproduction and birth is given and how? These are just a few of the areas a center must deal with.

Each staff member and each child's family brings intensely felt attitudes and value to these issues. Adults are often unaware of the strong feelings they have and convey to children.

Because children get the "feeling" message before the words, and because caregivers are sex educators whether they want to be or not, it is important that caregivers examine their own attitudes. Are the attitudes you grew up with ones you wish to hold as an adult today?

In addition to private reflection, a day care staff can learn together about the development of children's sexuality. Staff can explore and respect the similarities and differences in their attitudes and values. Compromises need to be made as a policy is developed which allows caregivers to handle situations in a fairly consistent way.

This process of arriving at a philosophy may include parents or the results may be clearly conveyed to parents. In any case, it is essential that there be clear and open communication between the center and home. This can be achieved through meetings, movies, a center handbook and private conversations.

Whatever decisions are made, a child should be helped to avoid feelings of doubt and shame about her body and its functions, and be encouraged to feel that one's own body is good, safe and pleasurable.

Baby Unit

by Steve Rubin, Perry Nursery and Kindergarten,
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The following is one teacher's experience in developing and presenting a "Baby Unit."

I. Background

A. One of the teachers (Peggy) in the class is pregnant and will be leaving soon on a maternity leave.

B. Children ask questions and show interest and curiosity:

1. "What is the baby doing?"

2. "Can it hear us?"

3. On Thanksgiving one of the kids says she is "thankful for Peggy's baby."

Soon after Peggy leaves, the other teachers discuss the children's interest, concern, and questions and decide to teach a formal unit about babies. The unit lasted about two weeks.

II. The Unit: Activities

A. Baby Poster Board. Have each child bring in their baby picture and make a class display.

B. Photographic Display. Photos included hospital scenes, pictures of infants, births, breast feeding. The pictures were obtained from The Ann Arbor Public Library Picture Catalog under subject headings "Families" and "Children."

C. Read and discuss children's books on the subject. Also have books available for the kids to browse, look at pictures, and ask questions. We talked about intercourse, development of the baby, birth, and the care of babies.

D. Magazine Collage of Babies. Cut and paste pictures of babies out of magazines.

E. Make Class Books.

1. If I was a baby I would . . .

2. At the hospital I saw . . .

F. Write letters to Peggy, checking on her baby, was it born yet?

G. Nurse from O.B. Ward at St. Joseph Hospital comes to visit class. Brings Birth Atlas showing development and growth of baby.

H. Field Trip of U. of M. Women's Hospital to see the new-born babies.

III. Children's Reactions

A. Tremendous interest and enthusiasm - Favorite Activities

1. Bring in baby pictures.

2. Trip to the hospital

B. Kids were very mature: In one situation when kids started being silly and giggling there was a chorus from other children of "It's not funny."

C. Many parents reported that their children were talking about penises and vaginas, and included them in pictures.

IV. Teacher's Reactions

A. Enjoyed teaching the unit. It was the first time we did it formally.

B. By talking openly with the kids, and especially feeling we needed to set a positive example, we ourselves became a lot more comfortable discussing intercourse, genitals etc.

V. Parents

A. Preparation. The teachers did not send home a newsletter ahead of time, notifying of our studies. But we did assure they would be informed. We post a weekly schedule of activities and parents helped their kids bring in their baby pictures.

B. Initial Response. The first responses were generally positive. Parents were glad that their kids were talking about it at home. Soon rumors of discontent started. I received a phone call at home, and a parent voiced serious concern that we were going into too much detail. The same parent voiced some concerns to the director. She also said that other parents were upset. We decided to call a parent meeting.

C. Parent Meeting

1. Goals

a. To have parents view teaching materials.
b. To recieve parent feedback.
c. To share our experiences.

2. Feedback

a. Most of the parents attended the meeting and felt very positive about the unit. They were pleased that their kids were talking openly to them and asking questions. Most parents echoed teacher attitudes, encouraging open and free discussion concerning birth and reproduction.
b. Two parents were very upset. One said she thought what we did was terrible. She said it was not a subject for school. She considered it a personal topic and felt teachers should not share that type of information with children. Many parents disagreed, explaining they did not want their kids to feel it was a private matter, not to be discussed openly. One parent explained she thought privacy would attach negative feelings or attitudes about sex and reproduction.
The other parent who was upset said she believed in sex education but felt we went into too much detail. I explained we felt it was an all or nothing proposition. One cannot talk about babies, birth, and reproduction without talking about intercourse.
c. Some parents said they were happy about what their kids were learning but did not know how to react to their questions. They did not approach the subject with ease and comfort.

VI. For Next Time

A. Send notice home ahead of time.

B. Invite parents in ahead of time to preview materials.

C. Give parents some ideas of what to expect from their kids, possible questions and concerns.

D. Give suggestions of how to react to kids' questions.

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Old Enough To Know*

This film was designed especially for parents of preschool children to help them grow more comfortable with their young children's developing sexuality, and especially to encourage straight answers to straight questions. As most of the film's action occurs in a city day care center peopled with three to six year olds from many ethnic groups, it is ideal to use with day care staffs and day care parent groups.

As the children move through a routine day--free play, toilet time, rest time, etc.--their sexual curiosity and expression emerges as a natural part of their interaction. Overridden occasionally by spontaneous remarks from the children on the screen, the soundtrack consists principally of candid comments from parents. They recall their own childhood experiences, their changing views of sex over the years, their fears, difficulties and successes in talking to their children about sexual matters. In doing so, they encourage the viewers to understand that their own embarrassments and uncertainties are common. The film emphasizes the need for a straight answer to a straight question. "If they are old enough to ask, they are old enough to know."

Dealing mainly with attitudes, the film does not attempt to provide answers or impart a vast body of information. It does establish a direct, comfortable atmosphere for the viewer. Adults can easily identify with the common problems shared by the film's parent/narrators about such topics as body exploration, masturbation, reproduction, menstruation and sexual vocabulary. The shots of the children in the varied activities of the day care center are irresistable. This film is an excellent tool for a group leader to use to spark discussion.

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*A film produced by Planned Parenthood Center of Seattle, Inc. Available through Perennial Education, Inc., P.O. Box 855, Highland Park, Il. 60035. 20 minutes. Color. Available in 16mm, 8mm or video-casette.

Sexuality Questionnaire

1. What was the first information about sex you can remember learning?

   Was it from your parents?
   How old do you think you were?
   Do you recall how you felt?

2. What are the first attitudes you remember being conveyed about sex from your parents or extended family?

   How old do you think you were?
   Was the communication verbal or non-verbal?

3. Have you changed in what you think is o.k. sexually for other adults?

   For yourself?

4. How do you <u>feel</u> about overt masturbation in preschoolers?

   For instance: If you saw a child from your center masturbating in public--say on a visit to a museum--would you intervene?
   How about a child engaged in quiet play or on a cot at naptime?
   During group time?

5. How do you <u>feel</u> about sexual exploration in preschoolers?

   For instance, if you found two children looking at each other, would you intervene?
   If you saw two children touching each others genitals, would you intervene?